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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2007 10 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 11 15 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 27990914944

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Hospital Association PAC [®] D " D 1.0 0 1 2007 1.0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 1038787.58 January 1 (b) Cash on Hand at 967364.25 Begining of Reporting Period 254668.95 1164146.95 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1222033.20 2202934.53 6(a) and 6(c) for Column B) 98405.51 1079306.84 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1123627.69 1123627.69 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

1 0

From:

01

2007

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^D 3 1

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	114111.04	419920.68
	(ii) Unitemized	57720.39	263534.22
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	171831.43	683454.90
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6750.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	171831.43	690204.90
2.	Transfers From Affiliated/Other Party Committees	82450.00	465975.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	2022.40
	to Federal candidates and Other Political Committees	0.00	2500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	387.52	3444.65
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	254668.95	1164146.95
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	254668.95	1164146.95

(subtract Line 21(a)(ii) from Line 30(a)(ii)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 405.51 4673.74 Expenditures..... (c) Total Operating Expenditures 405.51 4673.74 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 98000.00 1073580.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 750.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 750.00 (add Lines 28(a), (b), and (c)) 0.00 303.10 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 98405.51 1079306.84 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements

98405.51

1079306.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	171831.43	690204.90
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	171831.43	689454.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	405.51	4673.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	405.51	2651.34

COLIEDIU E A (EEO Esses OV)				FOR LINE NUMBER: PAGE 6 / 156
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atemente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Ms. Sandra Elza			Date of Receipt
	Mailing Address P O Box 720			10 09 2007
	City	State	Zip Code	
		WV	· ·	Transaction ID: 14625353
	Ripley	VVV	25271-0720	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Jackson General Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	U Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Dorothy Oakes			Date of Receipt
Ь.				─ │
	Mailing Address 2042 Henry Clay Drive	10 09 2007		
	City	State	Zip Code	Transaction ID: 14625365
	Morgantown	WV	26508-0020	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Familians	10		_
	Name of Employer West Virginia University	Occupation VP CNO	1	
	Hospitals Receipt For:		e Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		225.00	
				4
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Joseph Endrich, , M.D.			Date of Receipt
	Mailing Address 601 Colliers Way			M M / D D / Y Y Y Y Y
	City	Ctoto	7in Code	10 09 2007
	City	State WV	Zip Code	Transaction ID: 14625368
	Weirton	VV V	26062-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Weirton Medical Center	Occupation		7
			t and Chief Executive Office	<u>r</u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	1
١.				625.00
Ls	UBTOTAL of Receipts This Page (optional)		······	020.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 156
•		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. George Perich			Date of Receipt
	Mailing Address 905 Riverview Drive			M M / D D / Y Y Y Y
	-			10 09 2007
	City	State	Zip Code	Transaction ID: 14625369
	<u>Fairmont</u>	WV	26554-1435	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Francisco	10	_	_
	Name of Employer Fairmont General Hospital	Occupation		
	Descript Com		sident Human Resourcesand	i uega
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Citiei (Specify)			J.
	Full Name (Leat First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Mr. Mark Doak			Date of Receipt
	Mailing Address P O Box 1484			M M / D D / Y Y Y Y
				10 09 2007
	City	State	Zip Code	Transaction ID: 14625370
	Elkins	WV	26241-1484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		262.50
				_
	Name of Employer Davis Memorial Hospital	Occupation		
	Davis Memorial Hospital	President	t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		262 50	1
	Other (specify) ▼		262.50	
_	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Zarina Rasheed, MD			Date of Receipt
	Mailing Address 56 Timberidge Drive			10 09 2007
	City	State	Zip Code	Transaction ID: 14625371
	Beckley	WV	25801-3610	
	•	VVV	23801-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Beckley Appalachian Regio-	Occupation	า	
	Beckley Appalachian Regio- nal Hospital	Medical [
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		.	762.50
H				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 156 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. Bruce McClymonds Mailing Address Medical Center Drive			Date of Receipt M
	City	State	Zip Code	Transaction ID: 14625372
	Morgantown	WV	26506-4749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Virginia University Hospitals Receipt For:	1	n t and Chief Executive Officer Year-to-Date ▼	
	Primary General Other (specify) ▼	- Iggi ogulo	500.00	
3.	Full Name (Last, First, Middle Initial) Mr Robert D Whitler			Date of Receipt
	Mailing Address 5 Evergreen Drive		7: 0 1	10 09 7 2007
	City Elkview	State WV	Zip Code 25071-9314	Transaction ID: 14625373
	FEC ID number of contributing federal political committee.	C	23071-9314	Amount of Each Receipt this Period 500.00
	Name of Employer Charleston Area Medical Center		sident Government and Com	munit
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
) .	Full Name (Last, First, Middle Initial) Mr. Tony E Atkins			Date of Receipt
	Mailing Address 1 Amalia Drive			10 09 7 2007
	City Buckhannon	State WV	Zip Code 26201-2276	Transaction ID: 14625374
	FEC ID number of contributing federal political committee.	C	20201-2270	Amount of Each Receipt this Period 500.00
	Name of Employer St. Joseph's Hospital of Buckhannon Receipt For: Primary General Other (specify) ▼		ecutive Officer Year-to-Date 500.00	
SI	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number of	nly)	<u> </u>	

٥/	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 9 / 156	П
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ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 11	7
Δn	y information copied from such Reports and Sta	tomonte may	unot be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				П
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr Larry C Hudson			Date of Receipt	
	Mailing Address 5035 Bennington Drive			M M / D D / Y Y Y	
				10 09 2007	
	City	State	Zip Code	Transaction ID: 14625375	
	Charleston	WV	25313-2055	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer	Occupation	n	┪	
	Name of Employer Charleston Area Medical Center		e Vice President and Chief F	in	
	Receipt For:	1	e Year-to-Date ▼	7	
	Primary General	00 0		1	
	Other (specify) ▼		500.00		
				'	
3.	Full Name (Last, First, Middle Initial) Mr. David L Ramsey			Date of Receipt	
	Mailing Address P O Box 1547			M M / D D / Y Y Y Y	
				10 09 2007	
	City	State	Zip Code	Transaction ID: 14625376	
	Charleston	WV	25326-1547	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer	Occupation	n	7	
	Charleston Áreá Medical Center	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
`	Full Name (Last, First, Middle Initial) Mr. Todd Campbell			Date of Receipt	
٥.	Mailing Address 125 Water Side Circle			M M / D D / Y Y Y Y	
	125 Water Side Office			10 09 2007	
	City	State	Zip Code	Transaction ID: 14625377	
	Winfield	WV	25213-9551	Amount of Each Receipt this Period	_
	FEC ID number of contributing			500.00	L
	federal political committee.	C		500.00	
	Name of Employer	Occupation	n	\dashv	
	Name of Employer St. Mary's Medical Center		sident Financial Affairs and (
	Receipt For:		Year-to-Date ▼	<u>-</u>	
	Primary General	1 999	1 1 1 1 1 1 1	1	
	Other (specify)		500.00		
				'	
	-				_ [
S	UBTOTAL of Receipts This Page (optional)			1500.00	
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T	OTAL This Period (last page this line number or	nly))		I

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 10 / 156
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions fro	om such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Dr. Glenn Crotty, , Jr., M.D			Date of Receipt	
	Mailing Address 36E Coventry Road	Ctata	7in Codo	10 0	2007
	City South Charleston	State WV	Zip Code	Transaction ID:	
	South Charleston	VVV	25309	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Charleston Area Medical Center	Occupation Executive	n e Vice President and Chief O	pe	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Dr. John McKnight			Date of Receipt	
	Mailing Address 210 Rivercrest Drive	1 0 C	09 2007		
	City	State	Zip Code	Transaction ID:	14625380
	Morgantown	WV	26508-9000	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Monongalia General Hospit-	Occupation			
	al	Medical [
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		500.00		
).	Full Name (Last, First, Middle Initial) Mr. Roger S John			Date of Receipt	
	Mailing Address P O Box 366			M M / D	D / Y Y Y Y Y Y Y 2007
	City	State	Zip Code	Transaction ID:	
	Phillipsburg	KS	67661-0366		Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	7 THOUSE OF EACH	
	federal political committee.	C			250.00
	Name of Employer Great Plains Health Allia-	Occupation			
	nce, Inc.		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼	' '	250.00		
		0 0		'	
s	UBTOTAL of Receipts This Page (optional)				1250.00
			•		
T	OTAL This Period (last page this line number or	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 156 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Greg Lundstrom Mailing Address 605 West Lincoln Street			Date of Receipt M M J J D J J J J J J J J J J J J J J J
	City Lindsborg	State KS	Zip Code 67456-2328	Transaction ID: 14626236 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07430*2320	250.00
	Name of Employer Lindsborg Community Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n rator and Chief Executive Of e Year-to-Date ▼ 250.00	fi
3.	Full Name (Last, First, Middle Initial) Mr. Terry R Lambert, , CHE Mailing Address 1201 West 12th Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14626237
	Emporia	KS	66801-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Newman Regional Health	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Mr. Peter H Alexander			Date of Receipt
	Mailing Address 1907 West Sycamore St	, 4th Fl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14626313
	Kokomo	IN	46901-5148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Seton Specialty Hospital of Kokomo Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		
S	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number on	lv)		

S	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 12/156
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TIEMIZED RECEIL TO			Detailed Summary Page	X 11a 11b	11c 12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solici solicit contributions from	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in ordan mospital mossibility is				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Kyle De Fur, , FACHE			Date of Receipt	
	Mailing Address 2015 Jackson Street			M M / D D D 1 0	
	City	State	Zip Code		
	Anderson	IN	46016-4337	Transaction ID: 14	
		IIN	40010-4337	Amount of Each Re	ceipi inis Penod
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Saint John's Health System	Occupation			
		President			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
	Other (specify)		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1100 Ninth Avenue			1 0 0 1	/ Y
					2007
	City	State	Zip Code	Transaction ID: 14	629910
	Seattle	WA	98101-2756	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.	9			
	Name of Employer Virginia Mason Medical Ce-	Occupation	1		
	Virginia Mason Medical Ce- nter	Administ	rator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		230.00		
	Full Name (Last First Mills Last N				
C.	Full Name (Last, First, Middle Initial) Ms. Nancy Steiger			Date of Receipt	
•	Mailing Address 2901 Squalicum Parkw	av		M M / D D	/ Y
	2001 Oqualloun 1 and	цу		10 01	2007
	City	State	Zip Code	Transaction ID: 14	629911
	Bellingham	WA	98225-1851	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				250.00
	Name of Employer	Occupation	 n	\dashv	
	St. Joseph Hospital		ecutive Officer		
	Receipt For:		e Year-to-Date ▼		
	Primary General			1	
Other (specify) ▼			250.00		
					750.00
s	UBTOTAL of Receipts This Page (optional)		·····		750.00
				-	
T	OTAL This Period (last page this line number of	only)	>		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 13 / 156
			Use separate schedule(s)	(check only one)	2,100
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
Any	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Ms. Gail C Larson			Date of Receipt	
•	Mailing Address P O Box 1147			M M / D D D D D D D D D D D D D D D D D	2007
	City	State	Zip Code	Transaction ID: 14	
	Everett	WA	98206-1147	Amount of Each Re	
•	FEC ID number of contributing		00200	7 tillodik of Edolf No	
	federal political committee.	C			500.00
	Name of Employer Providence Everett Medical	Occupation Administr			
	Center Receipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0	Tour to Bate V	1	
	Other (specify) ▼		500.00		
				1	
	Full Name (Last, First, Middle Initial) Mr. James A Wathen			Date of Receipt	
	Mailing Address PO Box 11			M M / D D	/ Y Y Y Y
			10 01	2007	
	City	State	Zip Code	Transaction ID: 14	
	Bandon	OR	97411-0011	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			675.00
•	Name of Employer	Occupation	n		
	Southern Coos Hospital and Health Cent	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		675.00	1	
	Other (specify) ▼		070.00		
_	Full Name (Last, First, Middle Initial) Mrs. Rosemari Davis	_		Date of Receipt	
	Mailing Address 2323 NW Nut Tree Lane			M M / D D	/ Y Y Y Y Y
	011	Otes	7'- 01-	10 01	2007
	City MoMissoville	State	Zip Code	Transaction ID: 14	
	McMinnville	OR	97128-8037	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			212.00
	Name of Employer	Occupation			
	Name of Employer Willamette Valley Medical		ecutive Officer		
	Center Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		212.00		
SL	JBTOTAL of Receipts This Page (optional)				1387.00
	. 5 ,			-	
TC	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 156
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
A. Mr. Jay Henry			Date of Receipt
Mailing Address 2460 SE Bitterbrush			M M / D D / Y Y Y Y
011			10 01 2007
City	State	Zip Code	Transaction ID: 14643173
Madras	OR	97741-9443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		202.00
Name of Employer Mountain View Hospital Di-	Occupation	<u> </u>	
Mountain View Hospital Di- strict	Chief Exe	ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		202.00	1
Other (specify)		202.00	
Full Name (Last, First, Middle Initial)			+
Mr. Andrew S. Davidson			Date of Receipt
Mailing Address 2123 Ridgebrook Drive	10 01 2007		
City	State	Zip Code	
West Linn	OR	97068-1943	Transaction ID: 14643174
•	On	97000-1943	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
Oregon Association of Hospitals & Heal	Presiden	t & CEO	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	1 1	500.00	1
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial) C. Ms. Gwen Dayton			Date of Receipt
Mailing Address 12781 SW Terraview Dr	ivo		M M / D D / Y Y Y Y
Maining Address 12781 SW Terraview Dr	IVE		10 01 2007
City	State	Zip Code	Transaction ID: 14643175
Tigard	OR	97224-0703	Amount of Each Receipt this Period
FEC ID number of contributing			250.00
federal political committee.	C		230.00
Name of Employer Oregon Association of Hos-	Occupation	1	7
Oregon Association of Hospitals & Heal		sident & General Counsel	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		250.00	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			952.00
TOTAL This Period (last page this line number or	nlv)		

COLLED III E A (EEO Es uno OV)			FOR LINE NUMBER: PAGE 15 / 156	
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Kevin Earls			Date of Receipt
	Mailing Address 671 Kingwood Drive, N	W		10 01 2007
	City	State	Zip Code	Transaction ID: 14643176
	Salem	OR	97304-3656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oregon Association of Hos- pitals & Heal Receipt For: Primary General Other (specify) ▼		n sident, Finance & Health Pol y Year-to-Date ▼ 500.00	ic]
В.	Full Name (Last, First, Middle Initial) Mr. Steven E Brown, , FACHE			Date of Receipt
	Mailing Address 12040 NE 128th Street	10 08 2007		
	City	State	Zip Code	Transaction ID: 14652813
	Kirkland	WA	98034-3013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Evergreen Healthcare	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ronald O'Halloran			Date of Receipt
	Mailing Address 36 Klondike Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14652814
	Republic	WA	99166-9701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ferry County Memorial Hos- pital Receipt For: Primary General Other (specify) ▼	Occupation Administr Aggregate		
s	UBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
			Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation assign from such Departs and Ct	atamanta ma	, not be cold or used by one norse	n for the purpose of colicit	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	ang contributions such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Scott W Bosch			Date of Receipt	
	Mailing Address 2520 Cherry Avenue			1 0 0 8	2007
	City	State	Zip Code	Transaction ID: 14	
	Bremerton	WA	98310-4270	Amount of Each Red	
	FEC ID number of contributing		1 1 1 1 1 1 1	7 mount of Edon floo	1 1 1 1
	federal political committee.	C			250.00
		1-			
	Name of Employer Harrison Medical Center	Occupation			
	Receipt For:		t and Chief Executive Officer e Year-to-Date ▼		
	Primary General	Aggregate	rear-to-Date V		
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 6860 NW RAnger Way			M M / D D D 10 0 8	2007
	City	Ctoto	Zip Code		
	City Silverdale	State WA	•	Transaction ID: 14	
		WA	98383-6306	Amount of Each Rec	elpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Harrison Medical Center	Occupation			
		Vice Pres			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		250.00		
	Carior (openity) 🔻		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Mike Miller			Date of Receipt	
	Mailing Address 2520 Cherry Avenue			M M / D D D 0 8	7 Y Y Y Y Y 2 0 0 7
	City	State	Zip Code		2007
	Bremerton	WA	98310-4229	Transaction ID: 140 Amount of Each Rec	
		VVA	30310-4223	Amount of Each Net	eipt triis Feriou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Harrison Medical Center	Occupation			
		Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
Primary General Other (specify) ▼			250.00		
	Suite (Speedily) 4	0 0	0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)	•••••	.		750.00
\vdash					• • • • • •
_T (OTAL This Period (last page this line number of	nlv)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 156
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	c name and add	areas or any pointed committee to	Solicit Contributions from Sacri Committee.
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. John Wallen			Date of Receipt
Mailing Address 2520 Cherry Avenue			10 08 7 2007
City	State	Zip Code	Transaction ID: 14652818
Bremerton	WA	98310-4229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Harrison Medical Center	Occupation CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Rand J Wortman			Date of Receipt
Mailing Address 888 Swift Boulevard			10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14652819
Richland	WA	99352-3542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kadlec Medical Center	Occupation Presiden	n t and Chief Executive Office	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Mr. Harold S Geller	1		Date of Receipt
Mailing Address 315 North 14th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14652820
Othello	WA	99344-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Othello Community Hospital	Occupation Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00
		<u> </u>	
TOTAL This Period (last page this line numbe	r only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 156
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Elaine Couture			Date of Receipt
Mailing Address 101 West Eighth Avenu			10 08 7 2007
City	State	Zip Code	Transaction ID: 14652821
Spokane	WA	99204-2307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sacred Heart Medical Cent- er	Occupatio Vice Pres		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Greg Reed			Date of Receipt
Mailing Address 2000 Hospital Drive			10 08 7 2007
City	State	Zip Code	Transaction ID: 14652822
Sedro Woolley	WA	98284-4327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer United General Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Mr. James Haven			Date of Receipt
Mailing Address 2811 Tieton Drive			10 08 7 2007
City	State	Zip Code	Transaction ID: 14652823
<u>Yakima</u>	WA	98902-3761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Yakima Valley Memorial Ho- spital	Occupatio Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

C	COLLEGE A (FEO F OV)			FOR LINE NUMBER: PAGE 19 / 156
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Dennis A Popp			Date of Receipt
	Mailing Address P O Box 218			10 08 7 2007
	City	State	Zip Code	Transaction ID: 14652824
	Enumclaw	WA	98022-0218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Enumclaw Regional Hospital		rator and Chief Executive Of	fi
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Michael D. Wilson			Date of Receipt
	Mailing Address 1228 E. Overbluff			10 08 2007
	City	State	Zip Code	Transaction ID: 14652825
	Spokane	WA	99203-3453	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Sacred Heart Medical Cent- er	Occupation President	n t & Chief Operating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000.00	
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gregg A Davidson			Date of Receipt
	Mailing Address P O Box 1376			M M / D D / Y Y Y Y Y Y 1 Y 1 O 0 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 14652826
	Mount Vernon	WA	98273-1376	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	300.00
	Name of Employer Skagit Valley Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 -3		
	Other (specify) ▼		300.00	
				000 00
S	UBTOTAL of Receipts This Page (optional)		·····	900.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Λ	winformation against from guide Departs and Cta	tamanta mai	, not be cold or used by any never	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any person dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John T Evans, , Jr.			Date of Receipt
	Mailing Address P O Box 1887		7.0	10 08 7 2007
	City	State	Zip Code	Transaction ID: 14652827
	Wenatchee	WA	98807-1887	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central Washington Hospit- al	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		000.00	
3.	Full Name (Last, First, Middle Initial) Ms. Victoria S. Galanti			Date of Receipt
	Mailing Address 300 Elliott Avenue W. Ste. 300			10 08 7 2007
	City	State	Zip Code	Transaction ID: 14652828
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington State Hospital	Occupation		
	Association		Vice President	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Mr Robert Broermann			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			10 08 7 2007
	City	State	Zip Code	Transaction ID: 14653214
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation Senior Vi	n ce President & CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		230.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
т,	OTAL This Period (last page this line number or	nlv)		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 156
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, raigo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Reese Jackson			Date of Receipt
	Mailing Address 103 Anne Glass Road			10 08 2007
	City	State	Zip Code	Transaction ID: 14653219
	Winchester	VA	22602-6679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Executive	n e Vice President	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Harry Meador, II			Date of Receipt
	Mailing Address 4925 Boonesboro Road			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14653220
	Lynchburg	VA	24503-2207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Centra Health		ctor Cardiac Services	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. George W Dawson			Date of Receipt
	Mailing Address 2700 Trents Ferrry Road	d		10 08 2007
	City	State	Zip Code	Transaction ID: 14653221
	Lynchburg	VA	24503-6420	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Centra Health	Occupation		
		·	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
_	UDTOTAL (D. 11 TH. D. 11 TH. D.			750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
1				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 156
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Ms. Eileen Dohmann			Date of Receipt
	Mailing Address 6508 Flowerdew Hundre	ed Ct.		10 08 2007
	211	01-1-	7'- O-d-	
	City	State	Zip Code	Transaction ID: 14653228
	Centreville	VA	20120-3755	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Mary Washington Hospital		sident, Nursing	
	Receipt For:		Year-to-Date ▼	
	Primary General	7 199. 094.10		1
	Other (specify) ▼		250.00	
		0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Natalie Kaszubowski			Date of Receipt
	Mailing Address 300 East 40th Street			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14653235
	Norfolk	VA	23504-1010	Amount of Each Receipt this Period
	FEC ID number of contributing	С		150.00
	federal political committee.	<u> </u>		100.00
	Name of Employer	Occupation	<u> </u>	_
	Sentara Healthcare		e Director of Clinical Resour	C
	Receipt For:		Year-to-Date V	
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		300.00	
	oe. (eposy) \	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
C.	Ms. Elizabeth Long			Date of Receipt
	Mailing Address 7723 Stuart Hall Road			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14653239
	Richmond	VA	23229-6615	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		250.00
	Name of Employer	Occupation	<u> </u>	_
	Name of Employer Virginia Hospital & Healt-	Vice Pres		
	hcare Associa Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Tour to Date ¥	1
	Other (specify)		500.00	
		0 0	1 1 1 1 1 1 1	4
	I			
6	UBTOTAL of Receipts This Page (optional)			650.00
\vdash	COLOTAL OF FIGURE 11113 Fage (Optional)			
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S	CHEDULE A (FEC Form 3X)		Llas congreta cohodulo(a)	FOR LINE NUMBER: PAGE 23 / 156
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
IT LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Donna Littlepage			Date of Receipt
	Mailing Address 610 Broce Drive		7.0.	10 08 2007
	City	State	Zip Code	Transaction ID: 14653240
	Blacksburg	VA	24060-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carilion Health System	Occupation Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Hugh Thornhill			Date of Receipt
ъ.	Mailing Address 2715 Rosalind Avenue,	SW		M M / D D / Y Y Y Y Y Y 1 1 0 0 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 14653247
	Roanoke	VA	24014-2329	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	 1	-
	Carilion Health System	Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Matthew Keats			Date of Receipt
	Mailing Address 4417 Corporation Lane			10 08 2007
	City	State	Zip Code	Transaction ID: 14653260
	Virginia Beach	VA	23462-3162	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			250.00
	Name of Employer Sentara Virginia Beach Ge-	Occupation		
	neral Hospita		cal Care Manager	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)	' '	250.00	
		0 0	0 0 0 0 0 0 0	-
	UPTOTAL of Provide Till Till Provide Till Till Provide Till Till Till Till Till Till Till Til			750.00
L	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number of	nnly)	1	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 156
IT	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stateme	ents may	not be sold or used by any person	
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle				
Α.	Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.			Date of Receipt
Α.	Mailing Address 3131 Rivanna Court			M M / D D / Y Y Y Y
	Maining Address 3131 Nivannia Court			10 08 2007
	City	State	Zip Code	Transaction ID: 14653261
	Woodbridge	VΑ	22192-3373	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.			250.00
	Name of Employer Potomac Hospital	cupation	1	7
	Potomac Hospital Ex	cecutive	e Vice President	
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General	-	250.00	
	Other (specify)	1 1	250.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. John F. Duval			Date of Receipt
	Mailing Address 3307 Brewton Way			M M / D D / Y Y Y Y
	00	<u> </u>	7' 0 1	10 08 2007
		State	Zip Code	Transaction ID: 14653265
		VA	23113-3793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	: c		250.00
	Todard political committee.			
	VCI I Health 'Svétem	ccupation		
			ecutive Officer	_
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Cuter (Speedily)	1 1	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Nancy H Agee			Date of Receipt
	Mailing Address 802 Cherrywood Road			10 08 2007
	City	State	Zip Code	Transaction ID: 14653266
	Salem	VA	24153-2755	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.			200.00
	Name of Employer Oc	ccupation	1	7
	Chesapeake Géneral Hospit- al Di	rector,	Volunteer Services	
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General	-	250.00	
	Other (specify)		230.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Ĕ				
т	OTAL This Period (last page this line number only) .			

S	CHEDULE A (FEC Form 3X)		Llas asperata ashadula(a)	FOR LINE NUMBER: PAGE 25 / 156
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph L Woodin			Date of Receipt
	Mailing Address P O Box 2000			10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653279
	Randolph	VT	05060-2000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Gifford Medical Center	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	☐ Other (specify) ▼	0 0	200.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Barry G Beeman			Date of Receipt
	Mailing Address 17 Belmont Avenue			10 08 YYYY 10 08 2007
	City	State	Zip Code	Transaction ID: 14653280
	Brattleboro	VT	05301-6613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Brattleboro Memorial Hosp- ital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Peter A Hofstetter			Date of Receipt
	Mailing Address P O Box 1370			10 08 YYYYY 10 08 2007
	City	State	Zip Code	Transaction ID: 14653281
	Saint Albans	VT	05478-1370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northwestern Medical Cent-	Occupation	n ecutive Officer	
	er Receipt For:		e Year-to-Date ▼	-
	Primary General			1
	Other (specify) ▼		250.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 156
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jerry Spicer			Date of Receipt
	Mailing Address 2635 North 7th Street			10 08 2007
	City	State	Zip Code	Transaction ID: 14653835
	Grand Junction	CO	81501-8209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	St Mary's Hospital and	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David P Gehant Mailing Address P O Box 9019			Date of Receipt
				10 08 2007
	City	State	Zip Code	Transaction ID: 14653856
	Boulder	CO	80301-9019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
			t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Mr. Richard Eitel			Date of Receipt
	Mailing Address P O Box 1326			10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653862
	Colorado Springs	СО	80901-1326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Memorial Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
 -	OTAL This Period (last nage this line number only	<i>(</i>)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 156			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. John S. Howard			Date of Receipt			
	Mailing Address 1362 Arbor Bluffs Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 14653867			
	Ballwin	MO	63021-3702	Amount of Each Receipt this Period			
			30021 0702	Amount of Each receipt this remod			
	FEC ID number of contributing federal political committee.	C		225.00			
	Name of Employer St. John's Mercy Medical	Occupation General (7			
	Center Receipt For:		Year-to-Date ▼	\dashv			
	Primary General	199.19		1			
	Other (specify) ▼		225.00				
3.	Full Name (Last, First, Middle Initial) Mr. Donald E. Kalicak			Date of Receipt			
	Mailing Address 160 Hunters Pointe Drive	<u> </u>		M M / D D / Y Y Y Y			
		10 15 2007					
	City	State	Zip Code	Transaction ID: 14653868			
	Saint Charles	MO	63304-7129	Amount of Each Receipt this Period			
	FEC ID number of contributing			225.00			
	federal political committee.	C		225.00			
	Name of Employer	Ossunation		_			
	Name of Employer St. John's Mercy Health	Occupation	Planning & Public Policy				
	Care Receipt For:		Year-to-Date ∇	_			
	Primary General	Aggregate	real to Bate 🔻	1			
	Other (specify)		350.00				
		0 0	0 0 0 0 0 0 0	1			
- Э.	Full Name (Last, First, Middle Initial) Mr. Dan Dixon			Date of Receipt			
	Mailing Address 747 Broadway Avenue			M " M / D " D / Y " Y " Y " Y			
				10 15 2007			
	City	State	Zip Code	Transaction ID: 14653925			
	<u>Seattle</u>	WA	98122-4379	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.						
	Name of Employer Swedish Health Services	Occupation	า	7			
	Swedish Health Services	Administ					
	Receipt For:		e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		250.00				
s	UBTOTAL of Receipts This Page (optional)			700.00			
	· · · · · · · · · · · · · · · · · · ·		•				
Т	OTAL This Period (last page this line number on	lv)					

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Peter Morgan			Date of Receipt
	Mailing Address 2700 125nd Avenue No	rtheast		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653926
	Redmond	WA	98052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Group Health Eastside Hos-	Occupation	n ecutive Officer	
	pital Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak			Date of Receipt
	Mailing Address 9326 Perglen Road	10 15 2007		
	City	State	Zip Code	Transaction ID: 14653939
	Baltimore	MD	21236-1628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa-	Occupation	n President & CFO	7
	tion Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		600.00	
).	Full Name (Last, First, Middle Initial) Ms. Denise Matricciani			Date of Receipt
	Mailing Address 4423 Necker Avenue			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653940
	Baltimore	MD	21236-2968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion	Occupation Vice Pres	n sident, Government Relation	s
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify)		600.00	
s	UBTOTAL of Receipts This Page (optional)			1700.00
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T	OTAL This Period (last page this line number or	1Iy)	P	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 29 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one)	J., D.,
			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller			Date of Receipt	
	Mailing Address 6820 Deerpath Road			1 0 1 5	
	City	State	Zip Code	Transaction ID: 1	
	Elkridge	MD	21075-6234	Amount of Each R	
	FEC ID number of contributing			3.23.11	600.00
	federal political committee.	C			600.00
	Name of Employer Maryland Hospital Associa-	Occupation V.P., Pro	n fessional Activities		
	tion Receipt For:		e Year-to-Date ▼	\dashv	
	Primary General		600.00	1	
	Other (specify)		600.00	1	
3.	Full Name (Last, First, Middle Initial) Mr. Calvin M. Pierson			Date of Receipt	
	Mailing Address 4 Kampman Court			M M / D D	/ Y " Y " Y " Y
				10 15	2007
	City	State	Zip Code	Transaction ID: 1	
	Sparks	MD	21152-9423	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			800.00
	Name of Employer	Occupation	n		
	Name of Employer Maryland Hospital Associa- tion	Presiden			
	Receipt For:		e Year-to-Date ▼		
	Primary General		800.00	1	
	Other (specify)			1	
) .	Full Name (Last, First, Middle Initial) Mr. Paul A. Sokolowski			Date of Receipt	
	Mailing Address 12891 Eagles View Road			M M / D D	
	City	Stata	7in Codo	10 15	
	City Phoenix	State MD	Zip Code 21131-2312	Transaction ID: 1 Amount of Each R	
	FEC ID number of contributing		21101 2012	AMOUNT OF EACH R	-
	federal political committee.	C			600.00
	Name of Employer Maryland Hospital Associa-	Occupation			
	tion		President, Finance	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		600.00		
			<u> </u>	4	
s	UBTOTAL of Receipts This Page (optional)				2000.00
_				-	
T	OTAL This Period (last page this line number on	ıly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso	on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Vahe A. Kazandjian			Date of Receipt
	Mailing Address 8392 Sweet Cherry Lane			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653944
	Laurel	MD	20723-1062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion	Occupation Sr. Vice I	n President, Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
3.	Full Name (Last, First, Middle Initial) Ms. Joyce Eierman			Date of Receipt
	Mailing Address 6820 Deerpath Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653945
	Elkridge	MD	21075-6200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Maryland Hospital Associa-	Occupation		
	tion Receipt For:		to the President Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler			Date of Receipt
	Mailing Address 3619 Stansbury Mill Road	d 		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653946
	Phoenix 550 ID 10 10 10 10 10 10 10 10 10 10 10 10 10	MD	21131-1730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa-	Occupation		
	tion Receipt For:		ommunications Year-to-Date ▼	_
	Primary General	riggregate		1
	Other (specify) ▼	0 0	600.00	
s	UBTOTAL of Receipts This Page (optional)			1450.00
т	OTAL This Period (last page this line number onl	v)		
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20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAG	GE 31 / 156
		Use separate schedule(s)		(check only one)	
ITE	MIZED RECEIPTS		or each category of the	X 11a 11b 11c	☐ 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	H 16 H 17
Anv	information copied from such Reports and Sta	atements may	v not be sold or used by any perso		
or fo	or commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such co	ommittee.
<u> </u>	NAME OF COMMITTEE (In Full)				
١	American Hospital Association PAC				
/	Timorioan rioopital rioocolation rivo				
F	Full Name (Last, First, Middle Initial)				
۱ .۵	Ms. Rhonda Anderson			Date of Receipt	
N	Mailing Address 900 Caton Avenue			M M / D D / Y	YYY
_				10 15	2007
	City	State	Zip Code	Transaction ID: 1465394	.7
1	Baltimore	MD	21229-5299	Amount of Each Receipt th	is Period
F	FEC ID number of contributing	<u> </u>			250.00
f	ederal political committee.	C			230.00
-	Name of Employer	Occupation		\dashv	
,	Name of Employer St. Agnes HealthCare		ancial Officer		
-	Receipt For:		e Year-to-Date V	\dashv	
Г	Primary General	Aygregate	e real-lo-Dale V		
	Other (specify)	' '	250.00		
	Other (specify)	0 0		1	
	Ms. Pegeen Townsend			Date of Receipt	
-	Mailing Address 225 Nckeon Road	M M / D D / Y	YYY		
•	ZZS Noncom nodu	10 15	2007		
(City	State	Zip Code	Transaction ID: 1465394	-8
,	Severna Park	MD	21146	Amount of Each Receipt th	
_	FEC ID number of contributing				
	ederal political committee.	C			600.00
_	<u> </u>				
1	Name of Employer Maryland Hospital Associa-	Occupation			
<u>t</u>	tion		President, Legislative Policy		
F	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		600.00]	
	Other (specify)		000.00		
_					
	Full Name (Last, First, Middle Initial) Mr. David P. Foley			Date of Receipt	
-	Mailing Address 6820 Deerpath Road			M M / D D / Y	YYY
	walling Address 6620 Deerpatif hoad			10 15	2007
(City	State	Zip Code	Transaction ID: 1465394	
	Elkridge	MD	21075-6200	Amount of Each Receipt th	
	·			7 tilloditt of Edolf Hoseipt til	13 T CHOO
	FEC ID number of contributing ederal political committee.	C			500.00
_	oud-a-poillou-ou-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-				
1	Name of Employer Maryland Hospital Associa-	Occupation			
<u>t</u>	tion	Vice Pres			
F	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	300.00		
					1350.00
SU	BTOTAL of Receipts This Page (optional)		······		1330.00
то	TAL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)			Llas congreta cohodulo(a)	FOR LINE NUMBER: PAGE 32 / 156
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
TI LIMIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation coming from such Departs and C			13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and ado	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt
	Mailing Address 220 Windy Ridge			10 15 2007
	City	State	Zip Code	Transaction ID: 14653954
	Hollister	MO	65672-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Skaggs Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	7
	Other (specify) ▼		420.00	
В.	Full Name (Last, First, Middle Initial) Ms Nancy Harris			Date of Receipt
	Mailing Address P O Box 250			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14653956
	Marshall	MO	65340-0250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Fitzgibbon Hospital	Occupation Chief Fina	n ancial Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		075.00	7
	Other (specify) ▼		275.00	
C.	Full Name (Last, First, Middle Initial) Mr. Warren K Spellman			Date of Receipt
	Mailing Address P O Box DD			M M / D D / Y Y Y Y Y 1 Y 1 1 D 1 2 D 1 2 D 0 7
	City	State	Zip Code	Transaction ID: 14653957
	Taos	NM	87571-6284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Holy Cross Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General		Year-to-Date ▼	1
			500.00	7
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			817.00
\vdash	. 5 ,			
T	OTAL This Period (last page this line number			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Paul Herzog			Date of Receipt
	Mailing Address 601 Martin Luther King I	Dr. NE		10 12 2007
	City	State	Zip Code	
	City Albuquerque	NM	87102-3670	Transaction ID: 14653963
		INIVI	87102-3870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lovelace Medical Center-D-	Occupation	n	
	Lovelace Medical Center-D- owntown	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Joseph A. Valdez			Date of Receipt
	Mailing Address 455 St. Michael's Drive	M M / D D / Y Y Y Y		
		10 12 2007		
	City	State	Zip Code	Transaction ID: 14653966
	Santa Fe	NM	87505-7663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		290.00
	Name of Employer St. Vincent Regional Medi-	Occupation	n	
	St. Vincent Regional Medi- cal Center	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		290.00	7
	Other (specify)		230.00	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Stephen J Campbell			Date of Receipt
	Mailing Address P O Box 489			M M / D D / Y Y Y Y
	011			10 12 2007
	Clayton	State	Zip Code	Transaction ID: 14653969
	Clayton	NM	88415-0489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Union County General Hosp-	Occupation		
	ital	Administ		_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify)	' '	250.00	
	Culoi (opcony) ▼		0 0 0 0 0 0 0	4
	1			
S	JBTOTAL of Receipts This Page (optional)			840.00
S	JBTOTAL of Receipts This Page (optional))	840.00

SCH1	EDITIE A (FEC Form 3Y)			FOR LINE N	JMBER:	PAGE 34 / 156
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only o	_	
ITEM	IZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	11b [11c 12
			Detailed Summary Page	13	14	15 16 17
Any info	ormation copied from such Reports and Sta	tements may	y not be sold or used by any perso			
or for co	ommercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributi	ons from	such committee.
NAN.	ME OF COMMITTEE (In Full)					
\	• • •					
/ AIII	erican Hospital Association PAC					
Eull	Name (Last, First, Middle Initial)					
-	Hollie Harris			Date of Re	eceint	
	ing Address 1220 Harrodsburg Road			M M /		/ Y
	mg real see 1220 Harrodsburg Road			10	0 4	2007
City		State	Zip Code	Transaction	n ID: 14	653974
	ington	KY	40504-2739			ceipt this Period
		111	40004 E700	Amount of	Laciiiie	ceipt triis i eriod
	CID number of contributing ral political committee.	C				600.00
reue	rai politicai committee.					
Nam	ne of Employer alachian Regional Heal-	Occupation	า	7		
App thca		Director of	of Planning			
	eipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		600.00			
				1		
Full	Name (Last, First, Middle Initial)					
	Tony E. Welch			Date of Re	eceipt	
Maili	Mailing Address 112 Deerfield Hills Road				D D	/ Y Y Y Y
		1 0	0 9	2007		
City		State	Zip Code	Transaction	on ID: 14	653980
Eliz	abethtown	KY	42701-6974			ceipt this Period
	ID number of contributing				1 1	
	ral political committee.	C				300.00
Nam	ne of Employer	Occupation	า			
пан	din Memoriál Hospital	Vice Pres	sident, Human Resources			
Rec	eipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		200.00	1		
	Other (specify) ▼		300.00			
	Name (Last, First, Middle Initial)					
	James D. Jackson			Date of Re	eceipt	
Maili	ing Address Post Office Box 668			M M /	DDD	/ Y Y Y Y
				10	0 9	2007
City		State	Zip Code	Transaction		
<u>Pre</u>	stonsburg	KY	41653-0668	Amount of	Each Re	ceipt this Period
	ID number of contributing	С				300.00
fede	ral political committee.	<u> </u>				000.00
Non	ne of Employer	Occupation	2	_		
High	nlands Regional Medical		ormation Officer			
<u>Cen</u>		l		\dashv		
Hec	eipt For: Primary General	Aggregate	Year-to-Date ▼	. [
	Other (specify)	' '	300.00			
	Cirio (Specify) ¥		1 1 1 1 1 1 1	1		
0						1200.00
SUBT	OTAL of Receipts This Page (optional)		······	-		
			_			
TOTA	L This Period (last page this line number or	ıly))			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 35 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
or	for commercial purposes, other than using the	name and add	aress of any political committee to	SOlicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Karen A Weller			Date of Receipt	
۸.	Mailing Address 189 Prouty Drive			M M / D D	/ Y 'Y 'Y 'Y
				10 09	2007
	City	State	Zip Code	Transaction ID: 14	
	Newport	VT	05855-9820	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer North Country Hospital and	Occupation			
	Health Cent Receipt For:		ecutive Officer e Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date V		
	Other (specify) ▼	0 0	250.00		
— В.	Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner			Date of Receipt	
	Mailing Address 160 Allen Street	10 09	2007		
	City	State	Zip Code	Transaction ID: 14	653989
	Rutland	VT	05701-4560	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Rutland Regional Medical	Occupation	n t and Chief Executive Officer		
	Center Receipt For:		Year-to-Date ▼	_	
	Primary General				
	Other (specify) ▼	0 0	250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Dennis W. Chalke			Date of Receipt	
Ο.	Mailing Address 80 Jonquil Lane			M M / D D	/ Y 'Y 'Y 'Y
				10 22	2007
	City	State	Zip Code	Transaction ID: 14	
	Longmeadow	MA	01106-2240	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Baystate Medical Center	Occupation Vice Pres	n sident, Finance		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		200.00		
s	SUBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 156
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δ	ny information copied from such Reports and Stat	emente may	y not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	·			
	Full Name (Last, First, Middle Initial)			Data of Bookint
Α.	Mr. Stephen L Abbott			Date of Receipt
	Mailing Address 88 Lewis Bay Road			10 22 2007
	City	State	Zip Code	Transaction ID: 14659209
	Hyannis	MA	02601-5210	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Cape Cod Healthcare, Inc.	Occupation	า	7
	Cape Cod Healtncare, Inc.	President	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
В.	Mr. Richard C. Bane Mailing Address 41 Arthur Avenue			╡
	Mailing Address 41 Arthur Avenue			10 22 2007
	City	State	Zip Code	Transaction ID: 14659210
	Marblehead	MA	01945-1107	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Cambridge	0		_
	Name of Employer North Shore Medical Center	Occupation Trustee	ı	
	Receipt For:		e Year-to-Date ▼	
	Primary General	199.09		
	Other (specify) ▼	1	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Steven F Bradley			Date of Receipt
	Mailing Address 759 Chestnut Street			M M / D D / Y Y Y Y
	-			10 22 2007
	City	State	Zip Code	Transaction ID: 14659211
	Springfield	MA	01199-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Baystate Health, Inc.	Occupation	1	
			sident Government Relations	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
Г				
T	OTAL This Period (last page this line number on	ly)	>	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John A. Dresser			Date of Receipt
	Mailing Address One Kelly Lane			10 22 2007
	City	State	Zip Code	Transaction ID: 14659214
	Wayland	MA	01778-1034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hospital	Occupation Vice Pres	n sident, Development	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 99. 19		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN			Date of Receipt
	Mailing Address 101 Cambridge Street 220			10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659215
	Burlington	MA	01803-3766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Organization	Occupation		
	of Nurse Ex	Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. William P. Fleming			Date of Receipt
	Mailing Address 36 Blossom Street			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659216
	Norwood	MA	02062-1424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Caritas Norwood Hospital	Occupation Senior Vi	ce President, Operations	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Τ.	OTAL This Period (last page this line number or	alv)		
	• : = : i iis i ciiou (iasi paye tiiis iiile liullibel bi	"y /	············	

SCHEDULE A (FEC Form 3X)			Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 38 / 156
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIMIZED TIECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr Mark L Goldstein			Date of Receipt
	Mailing Address 25 Highland Avenue			10 22 2007
	City	State	Zip Code	Transaction ID: 14659217
	Newburyport	MA	01950-3867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Anna Jaques Hospital	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr Stephen J Guimond			Date of Receipt
	Mailing Address 100 Ter Heun Drive			10 22 2007
	City	State	Zip Code	Transaction ID: 14659218
	Falmouth	MA	02540-2503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Falmouth Hospital	Occupation Senior Vi	n ce President and Chief Fina	and
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Ms. Leslie A. Joseph			Date of Receipt
	Mailing Address 330 Mount Auburn Stre	et		10 22 2007
	City	State	Zip Code	Transaction ID: 14659219
	Cambridge	MA	02138-5502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mount Auburn Hospital	Occupation General (
Receipt For:				
	Receipt For:	Aggregate	rear-to-Date V	
	Primary General	Aggregate		7
		Aggregate	250.00	
S	Primary General	1 1	250.00	750.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 39 / 156
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Betailed Garrinary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard Kropp			Date of Receipt
۸.	Mailing Address 46 Forest Lane			M M / D D / Y Y Y Y
	Walling Address 40 Folest Lane			10 22 2007
	City	State	Zip Code	Transaction ID: 14659220
	Scituate	MA	02066-1834	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Cape Cod Hospital	Occupation Executive		
	Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09410	Teal to Bate V	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms Anne L Levine			Date of Receipt
	Mailing Address 44 Binney Street			M M / D D / Y Y Y Y
				10 22 2007
	City	State	Zip Code	Transaction ID: 14659221
	Boston	MA	02115-6084	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
	Dana-Farber Cáncer Instit-		sident External Affairs	
	ute Receipt For:	1	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Keith C. McLean-Shinaman			Date of Receipt
	Mailing Address 53n Hayes Road			M M / D D / Y Y Y Y
				10 22 2007
	City	State	Zip Code	Transaction ID: 14659223
	<u>Tariffville</u>	CT	06081-9631	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		200.00
	Name of Employer Baystate Health, Inc.	Occupation		
			ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			730.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one)
• • •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	ane and add	iress or any political committee to	Solicit Continuations from Such Confinitiee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , CHE			Date of Receipt
	Mailing Address 60 Hospital Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659224
	Leominster	MA	01453-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Health Alliance Hospitals	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Thomas Mundell			Date of Receipt
	Mailing Address 403 Cairn Ridge Road			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14659225
	East Falmouth	MA	02536-7931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cape Cod Hospital	Occupation President		
	Receipt For:		Year-to-Date V	-
	Primary General		250.00	
	Other (specify) ▼		250.00	
).).	Full Name (Last, First, Middle Initial) Mr. Robert G Norton, , CHE			Date of Receipt
	Mailing Address 81 Highland Avenue			10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659226
	Salem	MA	01970-2768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Shore Medical Center		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
sı	JBTOTAL of Receipts This Page (optional)			750.00
_	OTAL This Desired (feet and 1811)	LA		
10	DTAL This Period (last page this line number on	ıy)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 156
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Delia O'Connor			Date of Receipt
	Mailing Address 25 Highland Avenue			10 22 2007
	City	State	Zip Code	Transaction ID: 14659227
	Newburyport	MA	01950-3867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Anna Jaques Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Mr. Hank J Porten, , CHE			Date of Receipt
	Mailing Address 575 Beech Street			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14659228
	Holyoke	MA	01040-2223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Holyoke Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Mr. Thomas C Porter			Date of Receipt
	Mailing Address 88 Washington Street			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14659229
	Taunton	MA	02780-2465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Morton Hospital and Modio		Occupation Presiden		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1800.00
_	OTAL This Period (last page this line number of	alv)		

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 156	
			Use separate schedule(s)	(check only one)	\neg
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Patricia Reid-Ponte			Date of Receipt	
	Mailing Address 23 Indian Hill Road			10 22 7 2007	
	City	State	Zip Code	Transaction ID: 14659230	
	Arlington	MA	02476-7002	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Dana-Farber Cancer Instit-	Occupation Sr. VP ar			
	ute Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼	0 0	750.00		
3.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba			Date of Receipt	
	Mailing Address 14 Prospect Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	ity State Zip Code			
	Milford	MA	01757-3090	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Milford Regional Medical Center	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
Э.	Full Name (Last, First, Middle Initial) Mr. Michael V Sack			Date of Receipt	
	Mailing Address 585 Lebanon Street			10 22 2 2007	
	City	State	Zip Code	Transaction ID: 14659232	
	Melrose	MA	02176-3225	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer Hallmark Health System	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
_					7
T	OTAL This Period (last page this line number or	nly))		4

い	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or i	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster			Date of Receipt
	Mailing Address 133 Old Rd to Nine Acre	e Corner		10 22 2007
	City	State	Zip Code	Transaction ID: 14659234
	Concord	MA	01742-9120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hospital	Occupation	n t and Chief Executive Office	 r
	Receipt For:		Year-to-Date ▼	
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Peter Semenza			Date of Receipt
	Mailing Address 330 Mount Auburn Stree	10 DD / YYYYY 10 22 2007		
	City	State	Zip Code	Transaction ID: 14659237
	Cambridge	MA	02138-5597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mount Auburn Hospital	Occupation Vice Pres	n sident Financial Operations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 D.	Primary General	Aggregate		Date of Receipt
 C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich	0 0		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro	pad	250.00	M M / D D / Y Y Y Y
Э.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro	state MA	250.00 Zip Code	Transaction ID: 14659238 Amount of Each Receipt this Period
Э.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing federal political committee.	state MA	Zip Code 01845-3335	Transaction ID: 14659238
Э.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing	State MA C Occupation	Zip Code 01845-3335	Transaction ID: 14659238 Amount of Each Receipt this Period
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing federal political committee. Name of Employer Tufts-New England Medical Center Receipt For:	State MA C Occupation Chief Info	Zip Code 01845-3335	Transaction ID: 14659238 Amount of Each Receipt this Period
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing federal political committee. Name of Employer Tufts-New England Medical Center	State MA C Occupation Chief Info	Zip Code 01845-3335	Transaction ID: 14659238 Amount of Each Receipt this Period
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing federal political committee. Name of Employer Tufts-New England Medical Center Receipt For: Primary General Other (specify)	State MA C Occupation Chief Info	Zip Code 01845-3335 ormation Officer Year-to-Date ▼ 250.00	Transaction ID: 14659238 Amount of Each Receipt this Period 250.00
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich Mailing Address 585 Sharpners Pond Ro City North Andover FEC ID number of contributing federal political committee. Name of Employer Tufts-New England Medical Center Receipt For: Primary General	State MA C Occupation Chief Info	Zip Code 01845-3335 ormation Officer Year-to-Date ▼ 250.00	Transaction ID: 14659238 Amount of Each Receipt this Period 250.00

21	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 44 / 1	56
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	S
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Δ.	Full Name (Last, First, Middle Initial) Mr. Mark R Tolosky, , FACHE, J			Date of Receipt	
	Mailing Address 759 Chestnut Street			M M / D D / Y Y Y	
	Cit.	C+-+-	7:- 0 - 4 -	10 22 200	1
	City Springfield	State MA	Zip Code	Transaction ID: 14659240	
	Springfield	IVIA	01199-1001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0)0
	Name of Employer Baystate Medical Center	Occupation	n t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼	_	
	Primary General	7.99.094.0		1	
	Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Mr. William P. Tringali			Date of Receipt	
	Mailing Address 12 Delano Avenue	10 22 200			
	City	State	Zip Code	Transaction ID: 14659241	
	Kingston	MA	02364-1628	Amount of Each Receipt this Period	
	FEC ID number of contributing				1
	federal political committee.	С		250.0)0
	Name of Employer Quincy Medical Center	Occupation	1		
	Quilicy Medical Certier		Materials Management		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	250.00		
	Other (specify)	0 0			
).).	Full Name (Last, First, Middle Initial) Mr Roger D Wiseman			Date of Receipt	
	Mailing Address 81 Highland Avenue			M M / D D / Y Y Y 1 1 0 2 2 2 2 0 0	
	City	State	Zip Code	Transaction ID: 14659243	
	Salem	MA	01970-2714	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.0)0
	Name of Employer North Shore Medical Center	Occupation			
			ce President and Chief Fina	<u>ng</u>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Calc. (opconj) \	0 0	0 0 0 0 0 0 0	1	
C.	IIPTOTAL of Doccinto This Docc (anticons)			1000.0	00
3	UBTOTAL of Receipts This Page (optional)		······································		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 45 / 156	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any persor dress of any political committee to s	ntor the purpose of solicities	ng contributions
<u></u>	NAME OF COMMITTEE (In Full)	14.110 4.14 440	areas or arry pointed committee to t		2011 0011111111001
$ \rangle$	American Hospital Association PAC				
	American Flospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Anne Severo			Date of Receipt	
	Mailing Address 92 Corey Street			1 0 2 2	2007
	City	State	Zip Code	Transaction ID: 146	
	West Roxbury	MA	02132-2330	Amount of Each Rec	
	*		02132 2300	Amount of Lacif Nec	· · · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Caritas St. Elizabeth's	Occupation			
	Medical Center		countant	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Carlor (opeony) \		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address One Elliot Way			M M / D D	/ Y Y Y Y Y
	01.	01-1-	7'- 0-1-	10 22	2007
	City	State	Zip Code	Transaction ID: 146	
	Manchester	NH	03103-3599	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Tederal political committee.				
	Name of Employer Elliot Hospital	Occupation	า		
	·		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
C.	Ms. Paula Minnehan			Date of Receipt	
	Mailing Address 283 Gallopiny Hill Road	ł		M M / D D	/ Y Y Y Y
	011	01-1-	7'- O-d-	10 22	2007
	City	State	Zip Code	Transaction ID: 146	
	Hopkinton	NH	03229-3402	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer New Hampshire Hospital As-	Occupation			
	sociation		sident, Rural Health & Reimbu	<u>4</u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
Other (specify) ▼					
Г					
	UBTOTAL of Receipts This Page (optional)				750.00
\vdash					
T	OTAL This Period (last page this line number o	only)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 46 / 156
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIMIZED TIEOLII 13			Detailed Summary Page	X 11a 11b 11c 12
Δ.	ovinformation and discount of Danata and Ci			13 14 15 16 17
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and ado	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. John F Prochilo			Date of Receipt
	Mailing Address 70 Butler Street			10 22 2007
	City	State	Zip Code	Transaction ID: 14659825
	Salem	NH	03079-3925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northeast Rehabilitation Hospital	Occupation Chief Exe	n ecutive Officer and Administ	ra
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr Frank G McDougall			Date of Receipt
	Mailing Address One Medical Center Dr	ive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659826
	Lebanon	NH	03756-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation Vice Pres	n sident, Government Relation	20
	al Center Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Alvin D Felgar			Date of Receipt
	Mailing Address 11 Whitehall Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14659828
	Rochester	NH	03867-3297	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Frisbie Memorial Hospital	Occupation President	n t and Chief Executive Office	r
Receipt For: Agg		Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 156	
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a	7 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any personal research trees of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. James Ainsworth Mailing Address Post Office Box 967 City	State	Zip Code	Date of Receipt M M	
	Louisville	MS	39339-0967	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Winston Medical Center	Occupation Director,	n Hospital Maintenance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Chris Anderson Mailing Address 2809 Denny Avenue			Date of Receipt	
	City	State	Zip Code	1 0 0 8 2 0 0 7 Transaction ID: 14667656	
	<u>Pascagoula</u>	MS	39581-5300	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00	
	Name of Employer Singing River Hospital Sy- stem Receipt For:		ecutive Officer		
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr. James D. Baker			Date of Receipt	
	Mailing Address 3516 N. River Ridge Dr	ive		10 / 08 / 2007	
	City	State	Zip Code	Transaction ID: 14667660	
	<u>D'Iberville</u>	MS	39540	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Community Health Systems	Occupation Administ	rator		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
Т	OTAL This Period (last page this line number of	nly)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 48 / 156
•		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
			Dotailed Carrinally 1 age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron			Date of Receipt
	Mailing Address 28 Waterford Place			M M / D D / Y Y Y Y Y 1 1 0 0 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 14667670
	Jackson	MS	39211-2945	Amount of Each Receipt this Period
			30220.0	
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Mississippi Hospital Asso-	Occupation	n	
	ciation	President	t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		650.00	1
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Mr. James G Chastain, , CHE			Date of Receipt
	Mailing Address P O Box 157-A			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14667673
	Whitfield	MS	39193-0157	Amount of Each Receipt this Period
	FEC ID number of contributing	С		205.00
	federal political committee.			200.00
	Name of Employer	Occupation	n	
	Mississippi State Hospital	Director		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	1
	Other (specify)	0 0	330.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Chioco			Date of Receipt
	Mailing Address 1220 Jefferson Street			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14667674
	Laurel	MS	39440-4374	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer South Central Regional Me-	Occupation		
	dical Center		Executive Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General	1	250.00	
	Other (specify)			J.
_	IIDTOTAL of Descints This Boss (set 1)			605.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 49 / 156		
	EMIZED RECEIPTS	or each category of the		(check only one)		
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Δη	y information copied from such Reports and St	atemente may	y not be sold or used by any pers			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. C. Gerald Cotton			Date of Receipt		
	Mailing Address 1225 N. State Street			10 08 7 2007		
	City	State	Zip Code	Transaction ID: 14667675		
	<u>Jackson</u>	MS	39202-2064	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Mississippi Baptist Medic- al Center	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	7		
	Other (specify)	0 0	0 0 0 0 0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Charles L Denton			Date of Receipt		
٥.	Mailing Address 960 Avent Drive			M M / D D / Y Y Y Y		
				10 08 2007		
	City	State	Zip Code	Transaction ID: 14667677		
	Grenada	MS	38901-5230	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		225.00		
	Name of Employer Grenada Lake Medical Cent- er	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		475.00	7		
	Other (specify)					
C.	Full Name (Last, First, Middle Initial) Mr. Mike R. Edwards			Date of Receipt		
	Mailing Address Post Office Box 259			M M / D D / Y Y Y Y		
	City	State	Zip Code	1 0 0 8 2 0 0 7 Transaction ID: 14667681		
	Morton	MS	39117-0259	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1			
	federal political committee.	C		250.00		
	Name of Employer Scott Regional Hospital	Occupation				
			ecutive Officer	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-		
	Other (specify)		250.00			
				075.00		
S	UBTOTAL of Receipts This Page (optional)		······	975.00		
T.	OTAL This Period (last page this line number of	only)				

er	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 156		
			Use separate schedule(s)	(check only one)		
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
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An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or f	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.		
\	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial) Mr. Guy Geller			Date of Receipt		
	Mailing Address P O Box 351			10 08 7 2007		
	City	State	Zip Code	Transaction ID: 14667686		
	Magnolia	MS	39652-0351	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Beacham Memorial Hospital	Occupation Administr	n rator and Chief Executive Of	- fi		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		075.00	1		
	Other (specify) ▼		275.00			
	Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber			Date of Receipt		
	Mailing Address 124 E. Waterwood Drive	!		10 08 7 9 9 9		
	City	State	Zip Code	Transaction ID: 14667687		
	Brandon	MS	39047-6527	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		205.00		
	Name of Employer University Hospitals and	Occupation				
	Clinics, Univ		ecutive Officer			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		230.00			
	Full Name (Last, First, Middle Initial) Mr. Jimmy Graves			Date of Receipt		
	Mailing Address 100 Hospital Drive			10 08 2007		
	City	State	Zip Code	Transaction ID: 14667688		
	Tylertown	MS	39667-2099	Amount of Each Receipt this Period	-	
	FEC ID number of contributing		1 1 1 1 1	200.00	1	
	federal political committee.	С		290.00		
	Name of Employer Walthall County General	Occupation				
	Hospital	Administ				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		290.00			
	other (specify) \		0 0 0 0 0 0 0	1		
SI	JBTOTAL of Receipts This Page (optional)			645.00]	
	. 3 (17				1	
TO	OTAL This Period (last page this line number on	ly))		1	

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger			Date of Receipt
	Mailing Address 969 Lakeland Drive			10 08 7 2007
	City	State	Zip Code	Transaction ID: 14667692
	<u>Jackson</u>	MS	39216-4699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Dominic-Jackson Memor- ial Hospital	Occupation President		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Fred B Hood, , FACHE			Date of Receipt
	Mailing Address P O Box 790			10 08 7 2007
	City	State	Zip Code	Transaction ID: 14667695
	Pontotoc	MS	38863-0790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer North Mississippi Medical	Occupation Administ		
	Center-Ponto Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Jerry M Howell			Date of Receipt
D .	, , ,			Date of Receipt 10 08 2007
D.	Mr. Jerry M Howell Mailing Address P O Box 630 City	State	Zip Code	M M / D D / Y Y Y Y
D .	Mr. Jerry M Howell Mailing Address P O Box 630	State MS	Zip Code 39429-0630	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Mr. Jerry M Howell Mailing Address P O Box 630 City		•	Transaction ID: 14667696
C .	Mr. Jerry M Howell Mailing Address P O Box 630 City Columbia FEC ID number of contributing	MS C Occupation	39429-0630	Transaction ID: 14667696 Amount of Each Receipt this Period
D .	Mr. Jerry M Howell Mailing Address P O Box 630 City Columbia FEC ID number of contributing federal political committee.	MS C Occupation Chief Op	39429-0630	Transaction ID: 14667696 Amount of Each Receipt this Period
C .	Mr. Jerry M Howell Mailing Address P O Box 630 City Columbia FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For: Primary General	MS C Occupation Chief Op	39429-0630 n erating Officer Year-to-Date ▼	Transaction ID: 14667696 Amount of Each Receipt this Period
D.	Mr. Jerry M Howell Mailing Address P O Box 630 City Columbia FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For:	MS C Occupation Chief Op	39429-0630 n erating Officer	Transaction ID: 14667696 Amount of Each Receipt this Period
SI SI	Mr. Jerry M Howell Mailing Address P O Box 630 City Columbia FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For: Primary General	Occupation Chief Op Aggregate	39429-0630 nerating Officer Year-to-Date ▼ 300.00	Transaction ID: 14667696 Amount of Each Receipt this Period 150.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 156		
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Guillinary Fage	13 14 15 16 17		
Ar	ny information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Mr. Harold Livingston			Date of Receipt		
	Mailing Address 5001 Statesman Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14667701		
	Irving	TX	75063-2414	Amount of Each Receipt this Period		
			70000 2414	Amount of Each receipt this Feriod		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Merritt Hawkins & Associa-	Occupation	n Vice President			
	tes Receipt For:		Year-to-Date ▼			
	Primary General	1 33 1 3 111		1		
	Other (specify) ▼	0 0	250.00			
 3.	Full Name (Last, First, Middle Initial) Mr. Josh McNulty			Date of Receipt		
	Mailing Address 301 Eighth Avenue Sou	thwest		M M / D D / Y Y Y Y Y		
	Otto.			10 08 2007		
	City Magee	State MS	Zip Code 39111-3967	Transaction ID: 14667707 Amount of Each Receipt this Period		
		IVIO	33111-3307	Amount of Each Receipt this Fehou		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Pioneer Health Services	Occupation				
			ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	500.00			
	Other (Specify)	0 0	0 0 0 0 0 0 0			
Э.	Full Name (Last, First, Middle Initial) Mr. Kurt W Metzner			Date of Receipt		
	Mailing Address 1225 North State Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14667708		
	Jackson	MS	39202-2064	Amount of Each Receipt this Period		
	FEC ID number of contributing			000.00		
	federal political committee.	C		800.00		
	Name of Employer Mississippi Baptist Health	Occupation				
	System		t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	1600.00			
	Ciriei (Specify) 🔻		0 0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)			1550.00		
_	OTAL TIL D. 1.10		<u>`</u>			
T	OTAL This Period (last page this line number or	າເy)				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
/	American Floophar Accociation 1710			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Stephen Nichols			Date of Receipt
	Mailing Address P O Box 1380			M M / D D / Y Y Y Y
				10 08 2007
	City	State	Zip Code	Transaction ID: 14667713
	Cleveland	MS	38732-1380	Amount of Each Receipt this Period
	FEC ID number of contributing			860.00
	federal political committee.	C		860.00
	Name of Employer	Occupation	2	_
	Name of Employer Bolivar Medical Center		ecutive Officer	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Aggregate	real-lo-Dale ▼	
	Other (specify)	' '	860.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial)			
	Mr. Gerald D Wages			Date of Receipt
	Mailing Address 830 S. Gloster Street			M M / D D / Y Y Y Y
	mamigration of the circuit			10 08 2007
	City	State	Zip Code	Transaction ID: 14667799
	Tupelo	MS	38801-4996	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		800.00
	·			
	Name of Employer North Mississippi Health	Occupation		
	Services, Inc		resident and Chief Executive	9
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		800.00	
	☐ Other (specify) ▼	0 0	000.00	
•	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis			Date of Receipt
٠.	Mailing Address Liberty Place, Suite 700			M M / D D / Y Y Y Y
	325 Seventh Street, NW			10 22 2007
	City	State	Zip Code	Transaction ID: 14668361
	Washington	DC	20004-2802	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
				2160.00
SI	JBTOTAL of Receipts This Page (optional)		······	2100.00
T	OTAL This Period (last page this line number or	ıly)	>	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 54 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna M Oliver			Date of Receipt
	Mailing Address 1410 North Fourth Street	et		10 25 YYYYY 10 25 2007
	City	State	Zip Code	Transaction ID: 14668381
	Clinton	IA	52732-2940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Medical Center-Clin- ton	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. John C Sheehan			Date of Receipt
	Mailing Address P O Box 3026			10 25 7 2007
	City	State	Zip Code	Transaction ID: 14668382
	Cedar Rapids	IA	52406-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke's Hospital	Occupation Executive	n e Vice President and COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
Э.	Ms. Marilyn E. Kaptain-Dahlen			Date of Receipt
Э.	Ms. Marilyn E. Kaptain-Dahlen			Date of Receipt
Э.	,			<u> </u>
Э.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street	State	Zip Code	M M / D D / Y Y Y Y
Э.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203	State IA	Zip Code 51105-1502	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City		·	1 0 25 2007 Transaction ID: 14668383
C.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee.	IA C	51105-1502	Transaction ID: 14668383 Amount of Each Receipt this Period
С.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux	C Occupation	51105-1502	Transaction ID: 14668383 Amount of Each Receipt this Period
C.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City	C Occupation Vice Pres	51105-1502 n sident, Regionalization	Transaction ID: 14668383 Amount of Each Receipt this Period
C.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City Receipt For:	C Occupation Vice Pres	51105-1502	Transaction ID: 14668383 Amount of Each Receipt this Period
C.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City	C Occupation Vice Pres	51105-1502 n sident, Regionalization	Transaction ID: 14668383 Amount of Each Receipt this Period
S.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City Receipt For: Primary General	Occupation Vice Pres	51105-1502 n sident, Regionalization Year-to-Date ▼ 500.00	Transaction ID: 14668383 Amount of Each Receipt this Period 500.00
S.	Ms. Marilyn E. Kaptain-Dahlen Mailing Address 801 15th Street Box 203 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City Receipt For: Primary General Other (specify)	Occupation Vice Pres	51105-1502 n sident, Regionalization year-to-Date ▼ 500.00	Transaction ID: 14668383 Amount of Each Receipt this Period 500.00

SCHEDULE A (FEC Form 3X) Use separate schedul		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 55 / 156	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persor dress of any political committee to :	n for the purpose of solic solicities from	such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 morroan riospital riososiation i rio				
_	Full Name (Last, First, Middle Initial)				
A.	Ms Joan Bierman			Date of Receipt	
	Mailing Address 300 Sioux Valley Drive			10 25	
	City	State	Zip Code	Transaction ID: 14	
	Cherokee	IA	51012-1205	Amount of Each Re	
			31012 1203	Amount of Lacif Re	ceipt triis r enou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Cherokee Regional Medical	Occupation			
	Center		sident Finance		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Calci (opeany) 🔻				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 210 Fourth Avenue			M M / D D	/ Y ' Y ' Y ' Y
	0			10 25	
	City	State	Zip Code	Transaction ID: 14	
	Grinnell	<u>IA</u>	50112-1886	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Name of Employer Grinnell Regional Medical	Occupation	n		
	Center Center	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Jeanne Goche			Date of Receipt	
	Mailing Address 410 Main Street			M M / D D	
				10 25	
	City	State	Zip Code	Transaction ID: 14	1668446
	Manning	IA	51455-1093	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	n	7	
	Manning Regional Healthca- re Center	Chief Exe	ecutive Officer and Administra	a	
Receipt For: Aç		Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
			250.00		
	IIDTOTAL of Receipts This Dags (anti		_		750.00
\vdash	UBTOTAL of Receipts This Page (optional)		·····		
	OTAL This Period (last page this line number of	only)	b		
	· · · · · · · · · · · · · · · ·	- · · · j / · · · · · · · · · · · · · · ·	·····		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 156
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Jeffrey M Cooper			Date of Receipt
Mailing Address 1118 11th Street	01-1-	75.0.4	10 25 2007
City De Witt	State IA	Zip Code 52742-1235	Transaction ID: 14668501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Genesis Medical Center, DeWitt		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Jay Christensen			Date of Receipt
Mailing Address 1229 'C' Avenue East			10 25 2007
City Oskaloosa	State IA	Zip Code 52577-4246	Transaction ID: 14668502
FEC ID number of contributing federal political committee.	C	32311-4240	Amount of Each Receipt this Period 265.00
Name of Employer Mahaska Health Partnership	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 265.00	
Full Name (Last, First, Middle Initial) C. Mr. James G FitzPatrick			Date of Receipt
Mailing Address 1000 Fourth Street SW			10 25 2007
City	State	Zip Code	Transaction ID: 14668503
Mason City	IA	50401-2800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mercy Medical Center-North lowa	Occupation Presiden	n t and Chief Executive Officer	,
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1015.00
TOTAL This Period (last page this line number o	nly)		

			_	
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements mag ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Douglas E Morse			Date of Receipt
	Mailing Address 1000 Fourth Street SW			10 25 2007
	City	State	Zip Code	Transaction ID: 14668524
	Mason City	IA	50401-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-North Iowa	Occupatio Senior V	n ice President Network and Cl	in
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr Scott Leighty			Date of Receipt
	Mailing Address 1000 Fourth Street SW			10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14668526
	Mason City	IA	50401-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	7
	Mercy Medical Center-North lowa	Chief Op	erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	500.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr Joseph LeValley			Date of Receipt
	Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14668528
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Medical Center-Des Moines	Occupatio Senior V	n ice President Planning	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)		_	1250.00
\vdash				

SCHEDULE A (FEC Form 3X) Use separate sched		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 156		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI EIMIEED TREGEN TO		Detailed Summary Page		X 11a 11b	11c 12
_				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	7 interiodi i ricopital ricocciation i rico				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. David H Vellinga			Date of Receipt	
	Mailing Address 1111 6th Avenue			10 25	2007
	City	State	Zip Code	Transaction ID: 14	
	Des Moines	IA	50314-2613	Amount of Each Re	
			00014 2010	Amount of Laciffie	
	FEC ID number of contributing federal political committee.	C			500.00
	·				
	Name of Employer Mercy Medical Center-Des	Occupation			
	Moines		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
	care (eposing) \	0 0			
_	Full Name (Last, First, Middle Initial)				
В.	Tom Tibbitts			Date of Receipt	
	Mailing Address 802 Kenyon Road			M M / D D	/ Y Y Y Y Y
	Cit.	01-1-	7:- Code	10 25	2007
	City	State	Zip Code	Transaction ID: 14	
	Fort Dodge	IA	50501-5740	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Trinity Regional Medical	Occupation			
	Center	Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		250.00		
	Other (specify)	1 1			
	Full Name (Last, First, Middle Initial)				
C.	Mr. Mark D Richardson			Date of Receipt	
	Mailing Address 1221 South Gear Avenu	ne		M M / D D	
	City	State	Zip Code	10 25	2007
	West Burlington	IA	52655-1681	Transaction ID: 14	
	·		32033-1001	Amount of Each Re	seipt triis Period
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Great River Medical Center	Occupation			
			t and Chief Executive Officer		
Receipt For: Primary General Other (specify) ▼			Year-to-Date ▼		
			250.00		
			0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)		.		1000.00
	1				
Ιτ	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 156		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
• • •	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12		
_				13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Gregory A Paris			Date of Receipt		
	Mailing Address 6580 165th Street			10 25 2007		
	City	State	Zip Code	Transaction ID: 14668538		
	Albia	<u>IA</u>	52531-8793	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		502.50		
	Name of Employer Monroe County Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.50	1		
	Other (specify) ▼		502.50			
В.	Full Name (Last, First, Middle Initial) Mr. John M Comstock			Date of Receipt		
	Mailing Address 300 Sioux Valley Drive			10 25 2007		
	City	Transaction ID: 14668561				
	Cherokee	IA	51012-1205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Cherokee Regional Medical	Occupation		7		
	Center Receipt For:		ecutive Officer Year-to-Date			
	Primary General	Aggregate	rear-to-Date V	1		
	Other (specify)		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Barry G. Goettsch			Date of Receipt		
	Mailing Address 300 Sioux Valley Drive			10 25 2007		
	City	State	Zip Code	Transaction ID: 14668563		
	Cherokee	IA	51012-1205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Cherokee Regional Medical Center	Occupation Senior Vi	n ce President, Operations			
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
	UBTOTAL of Receipts This Page (optional)			1002.50		
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21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 60 / 156
-		Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)			Data of Bassist	
٦.	Mr. C James Platt Mailing Address 5446 Avenue O# 174			Date of Receipt	/ Y Y Y Y Y
	Walling Address 5446 Averlue O# 174			10 25	2007
	City	State	Zip Code	Transaction ID: 14	668564
	Fort Madison	IA	52627-0174	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupation		-	
	Name of Employer Fort Madison Community Ho- spital		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) 🔻	1 1	250.00		
3.	Full Name (Last, First, Middle Initial) Mr Clarence Brewton			Date of Receipt	
	Mailing Address 1833 Foxwood Circle			M M / D D	/ Y Y Y Y
				10 25	2007
	City	State	Zip Code	Transaction ID: 14	
	Mitchellville	<u>MD</u>	20721-4139	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer MedStar Health	Occupation	1	7	
		1	sident Regulatory Compliand	e,	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
	Other (specify)	0 0			
Э.	Full Name (Last, First, Middle Initial) Mr. Stanley R Korducki			Date of Receipt	
	Mailing Address 950 West Wooster Street	et		M M / D D	/ Y Y Y Y
	City	State	Zip Code	1 0 2 2 2 Transaction ID: 14	2 0 0 7 670054
	Bowling Green	OH	43402-2603	Amount of Each Re	
	FEC ID number of contributing			1 1 1 1 1	· · · · · ·
	federal political committee.	C			500.00
	Name of Employer Wood County Hospital	Occupation President			
	Receipt For:		Year-to-Date ▼	1	
	Primary General		500.00	1	
	Other (specify)	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)		······		1750.00
_					
T	OTAL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 156	
		Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
		, ,	13 14 15 16 17	
Any information copied from such Reports and St. or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Mr. Kevin C Martin			Date of Receipt	
Mailing Address 630 East River Street		71.0	10 22 2007	
City	State	Zip Code	Transaction ID: 14670055	
Elyria	OH	44035-5902	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		350.00	
Name of Employer EMH Regional Medical Cent- er	Occupatio Presiden	n t and Chief Executive Office	,	
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		350.00	1	
Other (specify)	0 0			
Full Name (Last, First, Middle Initial) Mr. Lyndon Christman			Date of Receipt	
Mailing Address 203 Bryn Drive	Mailing Address 203 Bryn Drive			
City	State	Zip Code	Transaction ID: 14670056	
Granville	OH	43023-1503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		275.00	
Name of Employer Fayette County Memorial Hospital	Occupatio Presiden			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		275.00	1	
☐ Other (specify) ▼	0 0	0 0 0 0 0 0		
Full Name (Last, First, Middle Initial) Mr. George Massar			Date of Receipt	
Mailing Address 820 Abingdon Lane			10 22 2007	
City	State	Zip Code	Transaction ID: 14670057	
Bowling Green	OH	43402-8517	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Wood County Hospital	Occupatio Vice Pres	n sident, Operations		
Receipt For:		e Year-to-Date ▼		
Primary General		050.00	1	
Other (specify)	0 0	250.00		
SUBTOTAL of Receipts This Page (optional)			875.00	
TOTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62 / 156
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Robert W Shroder			Date of Receipt
	Mailing Address 9325 Bay Hill Drive NE			10 22 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14670058
	Warren	ОН	44484-6705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Humility of Mary Health Partners	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
	Mailing Address 257 Clouse Lane	10 22 7 2007		
	City	State	Zip Code	Transaction ID: 14670073
	Granville	OH	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		625.00	
— C.	Full Name (Last, First, Middle Initial) Mr. David L Gray			Date of Receipt
	Mailing Address 913 North Dixie Avenue			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14671534
	Elizabethtown	KY	42701-2599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hardin Memorial Hospital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			875.00
			•	
T	OTAL This Period (last page this line number or	າly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 156
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u>\</u>	NAME OF COMMITTEE (In Full)	arric and add	areas or arry political committee to	Solicit Contributions from Such Committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Milton Brooks			Date of Receipt
	Mailing Address 850 Riverview Avenue			10 22 2007
	City	State	Zip Code	Transaction ID: 14671535
	Pineville	KY	40977-1430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pineville Community Hospi-	Occupation	n ecutive Officer	
	tal Associati Receipt For:		Year-to-Date V	
	Primary General Other (specify)		500.00	
			0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Fred L Jackson, , FACHE			Date of Receipt
	Mailing Address P O Box 151			10 22 2007
	City	State	Zip Code	Transaction ID: 14671735
	Ashland	KY	41105-0151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer King's Daughters Medical	Occupation	n ecutive Officer	
	Center Receipt For:		ecutive Officer Year-to-Date V	-
	Primary General	33 -3		
	Other (specify)	0 0	500.00	
٠ ٦.	Full Name (Last, First, Middle Initial) Mr. Frank A. Butler			Date of Receipt
	Mailing Address 437 Adair Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14672114
	Lexington	KY	40536-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Kentucky Ho-	Occupation		
	spital Receipt For:		sident/Medical Center Operate Year-to-Date ▼	10
	Primary General	riggregate		
	Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	nlv)	b	
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 156 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Dennis B Johnson Mailing Address 1025 New Moody Lane			Date of Receipt
	City	State	Zip Code	1 0 2 2 2 0 0 7 Transaction ID: 14672116
	La Grange	KY	40031-9154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Hospital Northeast	Occupation Administ		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Connie D Smith			Date of Receipt
	Mailing Address P O Box 90010	10 22 7 2007		
	City Bowling Green	State KY	Zip Code	Transaction ID: 14672672
	FEC ID number of contributing federal political committee.	C	42102-9010	Amount of Each Receipt this Period 500.00
	Name of Employer Medical Center at Bowling Green, The Receipt For:		n ecutive Officer • Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
) .	Full Name (Last, First, Middle Initial) Mrs. Susan Stout Tamme, , FACHE			Date of Receipt
	Mailing Address 4000 Kresge Way			10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14672674
	Louisville FEC ID number of contributing federal political committee.	C	40207-4605	Amount of Each Receipt this Period 500.00
	Name of Employer Baptist Hospital East	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 156 (check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a
Ar	ny information copied from such Reports and Statements in for commercial purposes, other than using the name and a	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Joanna G. Thomas		Date of Receipt
	Mailing Address 162 Talbott Drive		10 22 7 2007
	City State Bowling Green KY	Zip Code 42103-1322	Transaction ID: 14672675 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	42105-1322	500.00
	iliation Hosp	tion Executive Officer ate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr Charles Black Mailing Address P O Box 1310		Date of Receipt
	City State	Zip Code	1 0 2 2 2 0 0 7 Transaction ID: 14672690
	Mount Vernon KY	40456-1310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	11cspiratory Ca	tion Financial Officer ate Year-to-Date ▼]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Stephen A Estes		Date of Receipt
	Mailing Address P O Box 1310		10 22 2007
	City State	Zip Code	Transaction ID: 14672691
	Mount Vernon KY FEC ID number of contributing federal political committee.	40456-1310	Amount of Each Receipt this Period 500.00
	11cspiratory Ca	tion ent/Chief Executive Officer ate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		1500.00
Ţ	OTAL This Pariod (last page this line number only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 156
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 stailed Sammary : age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard Laib			Date of Receipt
	Mailing Address 1236 Thistledown Cour	t		10 22 2007
	City	State	Zip Code	Transaction ID: 14672705
	Hebron	KY	41048-8438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke Hospital West	Occupation Trustee	1	1
	Receipt For:		Year-to-Date ▼	+
	Primary General	199.79		1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 910 Wallace Avenue			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14672706
	Leitchfield	KY	42754-2414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Twin Lakes Regional Medic-	Occupation	n ecutive Officer	
	al Center			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Bookint
U.	Mr. Chris Carle Mailing Address 238 Barnes Road			Date of Receipt
	Z36 Barries Road			10 22 2007
	City	State	Zip Code	Transaction ID: 14673943
	Williamstown	KY	41097-9460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Elizabeth Medical Cen-	Occupation		7
	ter-Grant Cou		ecutive Officer Year-to-Date	_
	Receipt For: Primary General	Aggregate	: rear-lo-Dale ▼	,
	Other (specify)		250.00	
_				
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X) Use separate schedule(s			Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 67 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b	\vdash
Δ.,	we information against from a value Danasta and Ct	tomonto mo	, not be cold or used by one norse	13 14	15 16 17
or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	solicit contributions fr	om such committee.		
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle					
Α.	Full Name (Last, First, Middle Initial) Ms. Heather Cote			Date of Receipt	
Α.	Mailing Address 2830 Shoemaker Drive			-	D / Y Y Y Y
	Zood Shoemaker Drive				2007
	City	State	Zip Code	Transaction ID:	14673945
	Louisville	KY	40241-6501	Amount of Each	Receipt this Period
	FEC ID number of contributing	С			125.00
	federal political committee.				120.00
	Name of Employer Norton Suburban Hospital	Occupation	า		
	Norton Suburbán Hospital	VP/Patie	nt Care Services		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 4001 Dutchmans Lane				D / Y Y Y Y Y
	-				2007
	City	State	Zip Code	Transaction ID:	
	Louisville	KY	40207-4714	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Norton Suburban Hospital	Occupation			
			Vice President/CIO		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	250.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Douglas J. Eighmey			Date of Receipt	
	Mailing Address 4120 Lilac Vista Drive				22 2007
	City	State	Zip Code	Transaction ID:	
	Louisville	KY	40241-4198		Receipt this Period
	FEC ID number of contributing	С			
	federal political committee.				250.00
Kosair Children's Hospital		Occupation	า		
		President			
			Year-to-Date ▼		
Primary General Other (specify) ▼			050.00	1	
			250.00		
_					
_					625.00
	UBTOTAL of Receipts This Page (optional)		······	-	020.00
_	OTAL This Period (last page this line number o	nlv)	_		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 156
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas D Kmetz			Date of Receipt
	Mailing Address P O Box 17550			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14673956
	Louisville	KY	40217-0550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Norton Audubon Hospital	Occupation President	n t/South Central Market	
	Receipt For:		Year-to-Date ▼	
	Primary General		100000	1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. J. Michael Horsley			Date of Receipt
	Mailing Address 8107 Henslow Court			M M / D D / Y Y Y
	01.	01-1-	7'- 0-4-	10 29 2007
	City	State	Zip Code	Transaction ID: 14674360
	Montgomery	AL	36117-7475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Alabama Hospital Associat-	Occupation		
	<u>ion</u>	1	and Chief Executive Office	<u>r </u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
	Canor (opcomy) 🔻		1 1 1 1 1 1 1	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. J. Frazer Rolen, Jr.			Date of Receipt
	Mailing Address 2204 Lakeshore Drive			M M / D D / Y Y Y Y
	Suite 230			10 29 2007
	City	State	Zip Code	Transaction ID: 14674361
	Birmingham	AL	35209-6729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
				_
	Name of Employer Alabama Hospital Associat-	Occupation		
	ion .		Director, Federal Advocacy	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
	Calc. (openit)/ ▼		0 0 0 0 0 0 0	1
。	UBTOTAL of Receipts This Page (optional)			2500.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 156
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		ame and add	aress or any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Danne J. Howard			Date of Receipt
	Mailing Address 1812 Woodmere Loop			10 29 2007
	City	State	Zip Code	Transaction ID: 14674362
	Montgomery	AL	36117-5004	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Alabama Hospital Associat-	Occupation VP State	n e Government Relations	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
				d .
В.	Full Name (Last, First, Middle Initial) Mr. James Ramsey			Date of Receipt
	Mailing Address 530 South Jackson Stre	et		M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	10 22 2007
	City Louisville	State KY	40202-1675	Transaction ID: 14674451
		IXI	40202-1073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	+
	Name of Employer University of Louisville	Trustee	ı	
	Hospital Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Kevin S Wardell			Date of Receipt
	Mailing Address P O Box 35070			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14674455
	Louisville	KY	40232-5070	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Norton Hospital	Occupation President	n t/Administrator	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	99. 09410	1 1 1 1 1 1 1 1	1
	Other (specify)		250.00	
				1
s	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 156
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Tracy E Williams			Date of Receipt
	Mailing Address 234 East Gray Street, S	te. 225		10 22 7 2007
	City	State	Zip Code	Transaction ID: 14674853
	Louisville	KY	40202-1913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Norton Healthcare	Occupation Senior Vi	n ce President	
	Receipt For:		Year-to-Date ▼	_
	Primary General	33 -3		1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark M Gordon			Date of Receipt
	Mailing Address P O Box 789			M M / D D / Y Y Y Y
	011	01-1-	7'- O-d-	10 22 2007
	City	State	Zip Code	Transaction ID: 14674856
	Ashland	KY	41105-0789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		320.00
	Name of Employer Our Lady of Bellefonte Ho-	Occupation		
	spital	1	ecutive Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		320.00	
	auto (opean), V	-		1
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Donald R Fields			Date of Receipt
	Mailing Address 100 Medical Center Driv	⁄e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14674874
	Hazard	KY	41701-9421	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Hazard ARH Regional Medic-	Occupation		
	al Center		ommunity Chief Executive O	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)	, ,	500.00	
	☐ Other (specify) ♥			
_	UBTOTAL of Receipts This Page (optional)			1070.00
\vdash	ODITION OF RECEIPTS THIS Page (OPTIONAL)		······	
				· ·

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71 / 156
	` '		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jerry Haynes			Date of Receipt
	Mailing Address P O Box 8086			10 22 2007
	City	State	Zip Code	Transaction ID: 14674875
	Lexington	KY	40533-8086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Appalachian Regional Heal- thcare	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr J.D. Miller, , M.D.			Date of Receipt
	Mailing Address P O Box 579			M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
	City	State	Zip Code	Transaction ID: 14674876
	West Liberty	KY	41472-0579	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer Morgan County Appalachian	Occupation		
	Regional Hos	1	dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	1 1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Jack G. Blackwell			Date of Receipt
	Mailing Address 520 24th Street			M M / D D / Y Y Y Y Y 1 Y 1 1 0 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 14674884
	Ashland	KY	41101-2904	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Highlands Regional Medical Center	Occupation Chief Fin	n ancial Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General	55. 054.0		1
	Other (specify) ▼		300.00	
_				
				925.00
S	UBTOTAL of Receipts This Page (optional)		······································	923.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 156
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr			Date of Receipt
	Mailing Address 2378 Orchard Crest Blv	d.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14674895
	Manasquan	NJ	8736	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		15.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Chief Info	n ormation Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify)		225.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gary S. Carter, FACHE			Date of Receipt
	Mailing Address 35 DeHart Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14674896
	Belle Mead	NJ	08502-5419	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	New Jersey Hospital Assoc- iation	President	t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road			Date of Receipt
	121 Clear Creek Hoad			10 26 2007
	City	State	Zip Code	Transaction ID: 14674901
	Langhorne	PA	19047	Amount of Each Receipt this Period
	FEC ID number of contributing			135.00
	federal political committee.	C		133.00
	Name of Employer New Jersey Hospital Assoc-	Occupation		
	iation		sident, Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		225.00	
	Other (specify)			1
,	UBTOTAL of Receipts This Page (optional)			650.00
\vdash	ODITION OF THEOERIES THIS Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 73 / 156
	EMIZED RECEIPTS	or each category of the	(check only one)	. –	
"	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	n for the purpose of solicit	ing contributions
Oi	<u> </u>	iame and add	dress of any political committee to	Solicit Contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
Α.	Mr. John J. Dawidowski			Date of Receipt	
	Mailing Address 17 Brookshire Drive			M M / D D	/ Y Y Y Y
	5 17 Brockering Brive			10 26	2007
	City	State	Zip Code	Transaction ID: 14	674906
	Robbinsville	NJ	8691	Amount of Each Red	ceipt this Period
	FEC ID number of contributing				15.00
	federal political committee.	C			15.00
	N (5)	10 "		_	
	Name of Employer New Jersey Hospital Assoc-	Occupation			
	iation		sident & General Manager	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	225.00		
	Cirici (specify)				
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Theresa L. Edelstein			Date of Receipt	
	Mailing Address 27 Harvest Lane			M M / D D	/ Y Y Y Y
				10 26	2007
	City	State	Zip Code	Transaction ID: 14	674910
	Livingston	NJ	7039	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	С			35.00
	federal political committee.	0			
	Name of Employer	Occupation	า	7	
	Name of Employer New Jersey Hospital Assoc- iation		sident Continuing Care Service	ce ce	
	Receipt For:	_	e Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		205.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Guy P. Evans			Date of Receipt	
	Mailing Address 41 Manitto Place			10 26	2007
	City	State	Zip Code	Transaction ID: 14	
	Oceanport	NJ	7757	Amount of Each Red	
	FEC ID number of contributing			7 5. 246 16.	
	federal political committee.	C			135.00
	<u> </u>			_	
	Name of Employer New Jersey Hospital Assoc-	Occupation			
	iation	Vice Pres			
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			225.00		
Carlor (opcorry) 🔻					
	UBTOTAL of Receipts This Page (optional)		185.00		
\vdash	22.2.7.2 o. 1.000ipto 11iio i age (optional)				
$ _{T^0}$	OTAL This Period (last page this line number o	onlv)	>		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 156	
	EMIZED RECEIPTS		or each category of the	(check only one)
II EMIZED RECEIP 15			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	E 11.1 (1 . E' . MELII I)			
A.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain R	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14674920
	New Hope	PA	18938	Amount of Each Receipt this Period
	FFC ID number of contribution			
	FEC ID number of contributing federal political committee.	C		55.83
	Name of Employer New Jersey Hospital Assoc-	Occupatio		
	iation		Health Economics	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		309.17	
	Other (specify)		303.17	
— В.	Full Name (Last, First, Middle Initial) Mr. William W. Kennedy			Date of Receipt
	Mailing Address 1549 North Valley Road			M M / D D / Y Y Y Y
		10 26 2007		
	City	State	Zip Code	Transaction ID: 14674925
	Malvern	PA	19355-9796	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer	Occupatio	<u> </u>	\dashv
	Name of Employer New Jersey Hospital Assoc-		ice President	
	iation Receipt For:	1	e Year-to-Date ▼	_
	Primary General	Aggregate	oreal to Bate V	1
	Other (specify)		375.00	
	Guisi (eposis)) V		0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John K Lloyd			Date of Receipt
Ο.	Mailing Address 1350 Campus Parkway			M M / D D / Y Y Y Y
	1350 Campus Farkway			10 26 2007
	City	State	Zip Code	Transaction ID: 14674931
	Wall Township	NJ	07753-6821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		500.00
			n t and Chief Executive Office	_
			e Year-to-Date ▼	
			····	1
			500.00	
_				
				930.83
L _s	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 75 / 156	
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	\vdash \vdash \vdash	
				13 14	15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	n for the purpose of so solicit contributions fro	ontributions om such committee.			
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	7 in chair Floophar 7 isocolation 17 io					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. John P McGee			Date of Receipt		
	Mailing Address 6 Old Mill Road				26 2007	
	City	State	Zip Code	Transaction ID:		
	Holmdel	NJ	07733-2315		Receipt this Period	
			07700 2010	Amount of Lacin	neceipi illis Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Solaris Health System	Occupation				
			t and Chief Executive Officer	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	500.00			
	Carior (openity) 🔻	0 0				
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 14 Hospital Drive				D / Y Y Y Y	
					26 2007	
	City State		Zip Code	Transaction ID: 14674940		
	Toms River	NJ	08755-6402	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			400.00	
	rederal political committee.					
	Name of Employer HEALTHSOUTH Rehabilitation	Occupation	1	7		
	Hospital of	Chief Exe	ecutive Officer and Administra	a		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	400.00			
	Other (specify)	0 0				
	Full Name (Last, First, Middle Initial)					
C.	Mr. Richard A. Pitman			Date of Receipt		
	Mailing Address 219 West Van Sant Av	enue			D / Y Y Y Y Y	
					2007	
	City	State	Zip Code	Transaction ID:	14674943	
	Linwood	NJ	08221-1732	Amount of Each	Receipt this Period	
	FEC ID number of contributing	С			500.00	
	federal political committee.					
	Name of Employer	Occupation	า	7		
Shore Memorial Hospital Receipt For: Primary General Sel			dvisor Government			
			e Year-to-Date ▼			
			500.00			
Other (specify) ▼						
_	LIDTOTAL of Descints This Desc (authors)		1400.00			
Ļ ^s	UBTOTAL of Receipts This Page (optional)		<u> </u>		1 1 1 1 1 1	
+	OTAL This Period (last page this line number o	nlv)	•			
1 1		· · · y / · · · · · · · · · · · · · · · · · ·	······································			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 76 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Harold C Warman, , Jr., FAC			Date of Receipt
	Mailing Address P O Box 668			10 22 2007
	City	State	Zip Code	Transaction ID: 14675141
	Prestonsburg	KY	41653-0668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Highlands Regional Medical Center	Occupation President	n t and Chief Executive Office	-
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Russell Johnson			Date of Receipt
	Mailing Address 106 Blanca Avenue	10 22 2007		
	City	State	Zip Code	Transaction ID: 14675205
	Alamosa	CO	81101-2393	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Luis Valley Regional	Occupation	n	
	Medical Cente		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Phil E. Matthews			Date of Receipt
	Mailing Address 419 Natural Resources	Drive		10 22 7 2007
	City	State	Zip Code	Transaction ID: 14675432
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer Arkansas Hospital Associa-	Occupation		7
	tion	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	650.00	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			1400.00
_	OTAL This David (last near this line much	als d		
- 1	OTAL This Period (last page this line number or	пу))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 156
ITEMIZED RECEIPTS		or each category of the		(check only one)
II EMIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bo Ryall			Date of Receipt
	Mailing Address 419 Natural Resources [Drive		10 22 7 2007
	City	State	Zip Code	Transaction ID: 14675433
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer Arkansas Hospital Associa- tion	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	650.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ted Woddrell			Date of Receipt
	Mailing Address P.O. Box 17006	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z 2 0 0 7		
	City	State	Zip Code	Transaction ID: 14675434
	Fort Smith	AR	72917-7006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		390.00
	Name of Employer Sparks Regional Medical	Occupatio		7
	Center		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. William L. Bradley			Date of Receipt
J.	Mailing Address 3215 North Hills Bouleva	ard		M M / D D / Y Y Y Y
	City	State	Zip Code	1 0 2 2 2 0 0 7 Transaction ID: 14675435
	<u>Fayetteville</u>	AR	72703-4007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		341.25
	Name of Employer Washington Regional Medic- al Center	Occupatio Presiden	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)		341.25]
s	UBTOTAL of Receipts This Page (optional)			1381.25
\vdash	· · ·		•	-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 78 / 156
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b	☐ 11c ☐ 12
			Detailed Summary Page	13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Don Adams			Date of Receipt	
	Mailing Address 419 Natural Resources	Drive		1 0 2 2	
	City	State	Zip Code	Transaction ID: 14	
	Little Rock	AR	72205-1576	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer Arkansas Hospital Associa-	Occupation Vice Pres			
	tion Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	325.00]	
— В.	Full Name (Last, First, Middle Initial) Mr. Roger M. Busfield			Date of Receipt	
	Mailing Address 419 Natural Resources	Dr		1 0 2 2	
	City	State		Transaction ID: 14	4675442
	Little Rock	AR	72205-1576	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			325.00
	Name of Employer Arkansas Hospital Associa-	Occupation President	n t Emeritus		
	tion Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		325.00]	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David Cicero			Date of Receipt	
•	Mailing Address P O Box 797			M M / D D D 10 2 2	
	City	State	Zip Code	Transaction ID: 14	
	Camden	AR	71701-0797	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer Ouachita Medical Center	Occupation Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	325.00		
s	UBTOTAL of Receipts This Page (optional)				975.00
T	OTAL This Period (last page this line number o	nly)			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 79 / 156 (check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any person	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)		arooo or arry pointion committee to	35.04.05.18.124.0.10.1.00.1.00.1.00.1.1.1.1.1.1.1.1.1.
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Penny Clain			Date of Receipt
	Mailing Address 205 East Jefferson Stree	et		10 22 2007
	City	State	Zip Code	Transaction ID: 14675444
	Siloam Springs	AR	72761-3629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Name of Employer Siloam Springs Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	
В.	Full Name (Last, First, Middle Initial) Ms. Tina Creel			Date of Receipt
	Mailing Address 419 Natural Resources D	Orive		10 22 2007
	City	State	Zip Code	Transaction ID: 14675445
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Arkansas Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul Cunningham			Date of Receipt
	Mailing Address 419 Natural Resources [Orive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Little Rock	State AR	Zip Code 72205-1576	Transaction ID: 14675446 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72203-1370	325.00
	Name of Employer Arkansas Hospital Associa-	Occupation	n ce President	
	tion Receipt For:		Year-to-Date ▼	
	Primary General		225.00	1
	Other (specify) ▼		325.00	
s	UBTOTAL of Receipts This Page (optional)			975.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 80 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)	
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Dean Davenport			Date of Receipt	
	Mailing Address Post Office Box 3667			10 22	
	City	State	Zip Code	Transaction ID: 1	
	Little Rock	AR	72203-3667	Amount of Each R	
	FEC ID number of contributing		. ==00 000.	7 tillodik of Edolf is	· · · · · ·
	federal political committee.	C			325.00
		1.			
	Name of Employer BKD, LLP	Occupation	n		
	Receipt For:	Partner	e Year-to-Date ▼		
	Primary General	Aggregate	rear-to-Date V		
	Other (specify)		325.00		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1311 South 'I' Street			10 22	
	City	State	Zip Code		
	City Fort Smith	AR	·	Transaction ID: 1	
	Fort Smith	An	72901-4915	Amount of Each R	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer Sparks Regional Medical	Occupation			
	Center		ecutive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	325.00		
	Cure (epocity) \		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Russell D Harrington, , Jr.			Date of Receipt	
	Mailing Address 9601 Interstate 630, Ex	dt 7		10 22	
	City	State	Zip Code		
	Little Rock	AR	72205-7202	Transaction ID: 1	
		All	72203-7202	Amount of Each N	eceipi iriis Feriod
	FEC ID number of contributing federal political committee.	C			325.00
	<u> </u>				
	Name of Employer Baptist Health	Occupation			
Pres			t and Chief Executive Officer		
			e Year-to-Date ▼	. [
			325.00		
(Specify 4				'	
			• • • • • • •		
s	UBTOTAL of Receipts This Page (optional)		975.00		
	1		<u>*</u>		
T	OTAL This Period (last page this line number of	only)	>		

20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 156	П
			Use separate schedule(s)	(check only one)	_
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	7
Any	r information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or f	or commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial) Mr. Michael D. Helm			Date of Receipt	
	Mailing Address Post Office Box 17006			10 22 7 2007	
(City	State	Zip Code	Transaction ID: 14675467	
	Fort Smith	AR	72917-7006	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		325.00	
Ī	Name of Employer Sparks Regional Medical Center	Occupation President			
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	325.00		
	Full Name (Last, First, Middle Initial) Mr. Timothy E Hill			Date of Receipt	
	Mailing Address 620 North Willow Street	10 22 2007			
(City	State	Zip Code	Transaction ID: 14675468	
-	Harrison	AR	72601-2994	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		325.00	
Ī	Name of Employer North Arkansas Regional Medical Center	Occupation President	n t and Chief Executive Office		
	Receipt For:		e Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		325.00		
_	Full Name (Last, First, Middle Initial) Ms. Beth Ingram	_		Date of Receipt	
	Mailing Address 419 Natural Resources	Drive		10 22 2007	
	City	State	Zip Code	Transaction ID: 14676036	
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		325.00	
	Name of Employer Arkansas Hospital Associa-	Occupation Vice Pres			
	tion Receipt For:	1	e Year-to-Date ▼		
	Primary General	1.99.19		1	
	Other (specify) ▼		325.00		
su	IBTOTAL of Receipts This Page (optional)			975.00	
			<u> </u>		
TC	OTAL This Period (last page this line number o	nly))		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Suffillary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association I Ao			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Luther J Lewis, , FACHE			Date of Receipt
	Mailing Address P O Box 1998			M M / D D / Y Y Y Y
				10 22 2007
	City	State	Zip Code	Transaction ID: 14676037
	El Dorado	AR	71731-1998	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	rederal political committee.			
	Name of Employer Medical Center of South	Occupation	1	
	Arkansas	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1 1 1 1 1 1 1 1 1 1	
	Other (specify) ▼		325.00	
	•			
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 3214 East Race Avenue)		M M / D D / Y Y Y Y
				10 22 2007
	City	State	Zip Code	Transaction ID: 14676038
	Searcy	AR	72143-4810	Amount of Each Receipt this Period
	FEC ID number of contributing			005.00
	federal political committee.	C		325.00
		-		
	Name of Employer White County Medical Cent-	Occupation		
	er	1	and Chief Executive Officer	4
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		325.00	
	Other (specify)	0 0	020.00	
C.	Full Name (Last, First, Middle Initial) Mr. John C Neal			Date of Receipt
C.				╡
	Mailing Address P O Box 1905			10 22 2007
	City	State	Zip Code	Transaction ID: 14676039
	Stuttgart	AR	72160-1905	Amount of Each Receipt this Period
		7111	72100 1303	Amount of Each Neceipt this Feriou
	FEC ID number of contributing	C		325.00
	federal political committee.	9		
	Name of Employer	Occupation	1	7
	Stuttgart Regional Medical Center	1 '	ecutive Officer and Administr	a
	Receipt For:	-	Year-to-Date ▼	1
	Primary General	33 0		
	Other (specify) ▼		325.00	
	l			
6	UBTOTAL of Receipts This Page (optional)			975.00
\vdash	ODITIAL OF HECEIPES THIS Fage (Optional)		······································	
1				

SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 156 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Scott Peek			Date of Receipt
Mailing Address P O Box 639			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14676040
<u>Danville</u>	AR	72833-0639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Chambers Memorial Hospital	Occupatio Presiden	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) B. Mr. Ron Peterson			Date of Receipt
Mailing Address 624 Hospital Drive			10 22 7 2007
City	State	Zip Code	Transaction ID: 14676043
Mountain Home	AR	72653-2955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Baxter Regional Medical Center	Occupatio Chief Ex	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify) ▼		325.00	
Full Name (Last, First, Middle Initial) C. Mr. Ronald K Rooney			Date of Receipt
Mailing Address P O Box 339			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14676044
Paragould	AR	72451-0339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Arkansas Methodist Medical Center	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		325.00	
SUBTOTAL of Receipts This Page (optional)			975.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 156
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Assistance stime assisted from a state Department and Cha			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Dr. Stephen Smart, DDS			Date of Receipt
Mailing Address 318 Thompson			10 22 7 2007
City	State	Zip Code	Transaction ID: 14676045
El Dorado	AR	71730-4569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Medical Center of South Arkansas	Occupation Chairman		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	325.00	1
Other (specify) ▼	0 0	323.00	
Full Name (Last, First, Middle Initial) Ms. Elisa White			Date of Receipt
Mailing Address 419 Natural Resources	10 22 7 2007		
City	State	Zip Code	Transaction ID: 14676046
Little Rock	AR	72205-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		325.00
Name of Employer Arkansas Hospital Associa- tion	Occupation Vice Pres	n sident & General Counsel	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		325.00	
Full Name (Last, First, Middle Initial) . Ms. Mary L. Gallagher			Date of Receipt
Mailing Address 155 East Broad Street, 15th Floor			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14676133
Columbus	OH	43215-3609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident & General Counsel	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 156
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Leo F Childers, , Jr., FAC			Date of Receipt
	Mailing Address 605 North 12th Street			10 29 2007
	City	State	Zip Code	Transaction ID: 14682376
	Mount Vernon FEC ID number of contributing federal political committee.	C	62864-2899	Amount of Each Receipt this Period 250.00
	Name of Employer Good Samaritan Regional Health Center Receipt For: Primary General	Occupation President Aggregate		
	Other (specify) Full Name (Last, First, Middle Initial)		750.00	
В.	Mr. Bruce Merrell, , FACHE Mailing Address 400 North Pleasant Aver	nue		Date of Receipt 1 0 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 14682377
	Centralia	IL	62801-3056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Mary's Hospital	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Brad Billings			Date of Receipt
	Mailing Address 722 Eagle Trace			10 29 2007
	City	State	Zip Code	Transaction ID: 14682379
	Quincy	<u>IL</u>	62305-6201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Blessing Hospital	Occupation Administ		
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Ļ	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 156			
			Use separate schedule(s) or each category of the	(check only one)			
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			, 0	13 14 15 16 17			
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman			Date of Receipt			
	Mailing Address 333 North Madison Stre			10 29 7 2007			
	City	State	Zip Code	Transaction ID: 14682380			
	Joliet	IL	60435-8200	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupation Chairman					
	Receipt For:	1	e Year-to-Date ▼				
	Primary General		750.00				
	Other (specify)	0 0	750.00				
3.	Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke			Date of Receipt			
	Mailing Address 800 North Rutledge Stre	10 29 7 2007					
	City	State	Zip Code	Transaction ID: 14682387			
	Springfield	IL	62781-0002	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Memorial Health System	Occupation President	n t & Chief Executive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		1000.00				
	Other (specify) ▼	0 0	0 0 0 0 0 0				
Э.	Full Name (Last, First, Middle Initial) Mr Edgar J Curtis, , R.N.			Date of Receipt			
	Mailing Address 701 North First Street			10 29 7 2007			
	City	State	Zip Code	Transaction ID: 14682388			
	Springfield	<u> L</u>	62781-0001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Memorial Health System	Occupation Executive	n e Vice President and Chief C	p ¢			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		750.00				
	Other (specify)	0 0	730.00				
s	SUBTOTAL of Receipts This Page (optional)						
Ţ.	OTAL This Period (last page this line number or	alv)					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any person	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne and add	ress of any political committee to	solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Fox Mailing Address 3815 HIghland Avenue			Date of Receipt 1 0 2 9 2 0 0 7	
	City Downers Grove FEC ID number of contributing	State IL	Zip Code 60515-1500	Transaction ID: 14682389 Amount of Each Receipt this Period	
	federal political committee. Name of Employer	C	1	500.00	
	Central DuPagé Hospital	Chief Exe	ecutive Officer Pear-to-Date 1000.00		
В.	Full Name (Last, First, Middle Initial) Ms. Colleen Kannaday, , FACHE Mailing Address 12935 South Gregory Street	et		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	•			
	Blue Island FEC ID number of contributing federal political committee.	C	60406-2428	Amount of Each Receipt this Period 250.00	
	St. Francis Hospital & Health Center	Occupation President Aggregate]	
c.	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH Mailing Address 2701 West 68th Street			Date of Receipt 1 0 2 9 2 0 0 7	
	City Chicago	State IL	Zip Code 60629-1813	Transaction ID: 14682391	
	FEC ID number of contributing federal political committee.	C	00029-1013	Amount of Each Receipt this Period 500.00	
	Holy Cross Hośpital		t and Chief Executive Office	<u></u>	
	Receipt For: Primary General Other (specify) ▼	nggregate	Year-to-Date ▼ 1000.00		
s	UBTOTAL of Receipts This Page (optional))	1250.00	
Т	OTAL This Period (last page this line number only)			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 88 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Mary Lou Mastro			Date of Receipt
	Mailing Address 852 West Street			10 29 7 2007
	City	State	Zip Code	Transaction ID: 14682393
	Naperville	IL	60540-6400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Linden Oaks Hospital at Edward	Occupation	n ecutive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	750.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dennis C Millirons, , FACHE			Date of Receipt
	Mailing Address 801 S Milwaukee Avenue	10 29 7 2007		
	City	Transaction ID: 14682394		
	Libertyville	IL	60048-3204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Condell Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify) ▼	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. David T Ochs			Date of Receipt
	Mailing Address 2500 West Reynolds		7.0	10 29 7 2007
	City	State	Zip Code	Transaction ID: 14682395
	Pontiac	<u> L</u>	61764-2194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OSF Saint James - John W.	Occupation	ı	7
	Albrecht Med	Administ	rator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify) ▼		750.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	ılv)		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 156 (check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Shehorn			Date of Receipt
	Mailing Address 1225 Lake Street City	State	Zip Code	1 0 2 9 2 0 0 7 Transaction ID: 14682396
	Melrose Park	IL	60160-4000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Westlake Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Harry Wolin			Date of Receipt
	Mailing Address P O Box 530	10 29 2007		
	City	State	Zip Code	Transaction ID: 14682397
	<u>Havana</u>	IL	62644-0530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Mason District Hospital		rator and Chief Executive Of	<u>fi</u>
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		750.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John Bomher			Date of Receipt
	Mailing Address 1151 E. Warrenville Roa	10 29 2007		
	City Naperville	State IL	Zip Code 60563-9339	Transaction ID: 14682403 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Illinois Hospital Associa- tion	Occupation VP, Asso	n ciate General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 90 / 156
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr Richard Carlson			Date of Receipt
	Mailing Address 1000 North Allen Street			10 29 7 2007
	City	State	Zip Code	Transaction ID: 14682409
	Robinson	IL	62454-1167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Crawford Memorial Hospital	Occupation Chief Fin	ancial Officer	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn			Date of Receipt
	Mailing Address 700 South Second Stree	10 29 YYYYY 2007		
	City	Transaction ID: 14682419		
	Springfield	<u>IL</u>	62704-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant	n : VP, Gov't Relations	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Michael S Eesley			Date of Receipt
	Mailing Address P O Box 1990			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14682420
	Woodstock	IL	60098-1990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Centegra Memorial Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	·			
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 91 / 156	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
TI ENIMEED TREGET TO			Detailed Summary Page	X 11a 11b	11c 12	
_				13 14	15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$ \rangle$	American Hospital Association PAC					
	7 interiodir i roopital 7 loopital 7 loopita					
_	Full Name (Last, First, Middle Initial)					
Α.	Mr. Kevin R. England			Date of Receipt		
	Mailing Address 39 Harbauer Lane			10 29		
	City	State	Zip Code	Transaction ID: 14		
	Springfield Springfield	IL	62702-3444	Amount of Each Re		
	•		OLI OL OTTT	Amount of Laciffic	· · · · · ·	
	FEC ID number of contributing federal political committee.				250.00	
				_		
	Name of Employer Memorial Health System	Occupation				
			t, Clinical Support Services			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		250.00			
		0 0		1		
_	Full Name (Last, First, Middle Initial)					
В.	Mr. Raymond Grady, FACHE			Date of Receipt		
	Mailing Address 2239 Charter Point Driv	/e		M M / D D	/ Y Y Y Y Y	
	Cit.	01-1-	7:- Oada	10 29		
	City	State	Zip Code	Transaction ID: 14		
	Arlington Heights	IL	60004-7226	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Evanston Northwestern Hea-	Occupation				
	Ithcare		t, Hospitals and Clinics			
	Receipt For:	Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify)		812.50			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Alan Halfen			Date of Receipt		
	Mailing Address 612 Greendale Road			M M / D D	/ Y Y Y Y Y	
	0"		7' 0 1	10 29		
	City	State	Zip Code	Transaction ID: 14		
	Glenview	<u>IL</u>	60025-3908	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
Name of Employer						
		Occupation				
			Vice President			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify)		250.00			
	Other (specify)	0 0	1 1 1 1 1 1 1	1		
۹	UBTOTAL of Receipts This Page (optional)				1000.00	
\vdash	ODIOTAL OF FIGURE THIS Fage (optional)		······································			
T	TOTAL This Period (last page this line number only)					

TEMIZED RECEIPTS Use separate schedules check only one	FOR LINE NUMBER: PAGE 92 / 156	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Name of CoMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. James M. Hohner Mailing Address 2159 W. Agatite City Chicago IL 60625-1705 FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 1469 Amount of Each Receipt Transaction ID: 1469	77.0.2 027 100	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting for commercial purposes, other than using the name and address of any pollical committee to solicit contributions from such NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. James M. Hohner Mailing Address 2159 W. Agatite City State Zip Code City State Zip Code City Chicago IL 60625-1705 FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Foundat Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Ms. Partica Keel Mailing Address 333 North Madison City State Zip Code Joliet IL 60435-8200 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. C State Zip Code Joliet IL 60435-8200 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer Provena Health Receipt C State Zip Code Joliet Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Occupation Vice President, Medical Affairs Amount of Each Receipt Transaction ID: 14693 Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Director, Advocate Health Care Foundate Date of Receipt Transaction ID: 14693 Amount of Each Receipt Director, Advocate Health Care Foundate Amount of Each Receipt Transaction ID: 14693 Amount of Each Receipt Director, Advocate Health Care Foundate Amount of Each Receipt Director, Advocate Health Care Foun	11c	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. James M. Höhner Mailing Address 2159 W. Agatite City Chicago FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ City Joliet FEC ID number of contributing federal political Keel Mailing Address 333 North Madison City Joliet FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Cocupation Regional Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 14693 Amount of Each Receipt Transaction ID: 14694 Amount of Each Receipt Transaction	15 16 17	
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Full Name (Last, First, Middle Initial) A. Mr. James M. Hohner Mailing Address 2159 W. Agatite City State Zip Code IL 60625-1705 FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Director, Advocate Health Care Foundat Receipt For: Primary General Other (specify) ▼ State Zip Code IL 60435-8200 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 1469 Amount of Each Receipt Transaction ID: 1469: Amount of Each Receipt		
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City State Zip Code IIL 60625-1705 PEC ID number of contributing federal political committee. C		
Chicago	2007	
FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Director, Advocate Health Care Foundat Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) B. Ms. Patricia Keel Mailing Address 333 North Madison City State Zip Code IL 60435-8200 FEC ID number of contributing federal political committee. Name of Employer Provena Health Receipt For: Primary General Other (specify) ▼ 250.00 C. Mir. Zoigniew Lorenc Mailing Address 6710 Concord Trail C. Mir. Zoigniew Lorenc Mailing Address 6710 Concord Trail City State Zip Code IL 60012-3147 Event Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 1469: Left Control of Excelpt Transaction ID: 1469: Control of Excelpt Transaction ID: 1469: Coupation Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 1469: Coupation Primary General Other (specify) ▼ 250.00 C. Mir. Zoigniew Lorenc Mailing Address 6710 Concord Trail Coupation Primary General Vice President, Medical Affairs Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Coccupation Vice President, Medical Affairs Aggregate Year-to-Date ▼	691642	
Receipt For:	ceipt this Period	
Advocate Health Care Director, Advocate Health Care Foundat	250.00	
Primary General Other (specify) ▼ Date of Receipt Mailing Address 333 North Madison City Joliet IL 60435-8200 Transaction ID: 1469: Amount of Each Receipt Receipt FC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ C. Mr. Zbigniew Lorenc Mailing Address 6710 Concord Trail City State Zip Code IL 60435-8200 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 1469: Amount of Each Receipt Aggregate Year-to-Date ▼ Transaction ID: 1469: Amount of Each Receipt Date of Receipt Amount of Each Receipt Transaction ID: 1469: Amount of Each Receipt Cocupation Primary General City Crystal Lake IL 60012-3147 City Crystal Lake IL 60012-3147 Amount of Each Receipt Amount of Each Receipt Cocupation Cocupation Vice President, Medical Affairs Receipt For: Primary General Cocupation Vice President, Medical Affairs Receipt For: Primary General Aggregate Year-to-Date ▼		
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City State Zip Code IL 60435-8200 FEC ID number of contributing federal political committee. Name of Employer Provena Health Receipt For: Primary General Other (specify) ▼ City State Zip Code General IL 60012-3147 PFC ID number of contributing federal political committee. 1 0 29 Transaction ID: 1469: Amount of Each Receipt Amount of Each Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 1469: Amount of Each Receipt For: Date of Receipt For: M M		
Joliet IL 60435-8200 Amount of Each Receipt	2007	
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Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Zbigniew Lorenc Mailing Address 6710 Concord Trail City Crystal Lake FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Name of Employer Centegra Memorial Medical Center Receipt For: Primary Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 1469: Amount of Each Receipt Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼	250.00	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. Zbigniew Lorenc Mailing Address 6710 Concord Trail City State Zip Code Crystal Lake IL 60012-3147 FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General Date of Receipt Transaction ID: 14693 Amount of Each Receipt Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼		
Other (specify) ▼ C. Mr. Zbigniew Lorenc Date of Receipt		
Mr. Zbigniew Lorenc Mailing Address 6710 Concord Trail City State Zip Code Crystal Lake FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General Date of Receipt Transaction ID: 14693 Amount of Each Receipt C Capter Aggregate Year-to-Date ▼		
Mailing Address 6710 Concord Trail City State Zip Code Crystal Lake IL 60012-3147 FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General Transaction ID: 14693 Amount of Each Receipt For: Aggregate Year-to-Date ▼		
City Crystal Lake IL 60012-3147 FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General Transaction ID: 14693 Amount of Each Receipt Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼	2007	
Crystal Lake IL 60012-3147 Amount of Each Receipt FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General Amount of Each Receipt Aggregate Year-to-Date ▼		
FEC ID number of contributing federal political committee. Name of Employer Centegra Memorial Medical Center Receipt For: Primary General C C C C Aggregate Year-to-Date ▼		
Centegra Mémórial Medical Center Receipt For: Primary General Vice President, Medical Affairs Aggregate Year-to-Date ▼	250.00	
Primary General		
Other (specify) ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)	750.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 156
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Angela McAuley			Date of Receipt
Mailing Address 1301 Winston Circle			10 29 2007
City	State	Zip Code	Transaction ID: 14693822
Woodstock	IL	60098-3678	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Centegra Memorial Medical	Occupation		
Center		ce President, Women's Heal	<u>tŋ</u>
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Dominic Nakis			Date of Receipt
Mailing Address 2268 River Woods Drive			10 29 / Y Y Y Y Y Y Y
City	State	Transaction ID: 14694255	
Naperville	IL	60565-6351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Advocate Health Care	Occupation		
		sident, Finance	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)			
Mr. Michael L. Nelson			Date of Receipt
Mailing Address 1904 Montview			10 29 2007
City	State	Zip Code	Transaction ID: 14694256
Godfrey	IL	62035-1615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Saint Anthony's Health Ce-	Occupation	1	7
nter	Administr		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional))	1000.00
TOTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 94 / 156	
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12 15 16 17	
Ar	ny information copied from such Reports and S	tatements may	y not be sold or used by any perso	on for the purpose of so	oliciting contributions	
or	for commercial purposes, other than using the	name and add	aress of any political committee to	Solicit contributions fro	om such committee.	
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Donna Roach			Date of Receipt		
Α.	Mailing Address 413 Park Avenue			<u> </u>	D / Y Y Y Y	
					2007	
	City	State	Zip Code	Transaction ID:	14695475	
	Clarendon Hills	<u> </u>	60514-2701	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Condell Medical Center	Occupation Vice Pres	n sident, Information Services			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00	1		
	Other (specify) ▼	0 0	200.00	1		
В.	Full Name (Last, First, Middle Initial) Mr. Robert Rosenberger			Date of Receipt		
	Mailing Address 32 Rock River Court				29 2007	
	City	Zip Code	Transaction ID:	Transaction ID: 14695476		
	Naperville	IL	60565-6347	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Centegra Memorial Medical	Occupation				
	Center Receipt For:		ancial Officer e Year-to-Date ▼	_		
	Primary General	Aggregate	real-10-Date V	7		
	Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James M. Sanger			Date of Receipt		
U.	Mailing Address 20 Clear Lake			M M / D	D / Y Y Y Y	
					2007	
	City	State	Zip Code	Transaction ID:	14695478	
	Centralia	<u> </u>	62801-3720	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer St. Mary's Hospital	Occupation Presiden	n t and Chief Executive Office	r		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		333.30	1		
s	SUBTOTAL of Receipts This Page (optional)				1000.00	
			·			
T	OTAL This Period (last page this line number	only))			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 95 / 156
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David A Schertz			Date of Receipt
	Mailing Address 5666 East State Street			10 29 2007
	City	State	Zip Code	Transaction ID: 14695479
	Rockford	IL	61108-2472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OSF Saint Anthony Medical	Occupation Administr		
	Center Receipt For:		Year-to-Date ▼	+
	Primary General	7.99.094.0	Total to Date (1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jason Sciarro			Date of Receipt
	Mailing Address 14255 Castlebar Trail			M M / D D / Y Y Y Y
	011	01-1-	7's Oads	10 29 2007
	City	State	Zip Code	Transaction ID: 14696858
	Woodstock	IL	60098-8881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	7
	Centegra Memórial Medical Center	Administ	rator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. Aaron T. Shepley Mailing Address 385 Millennium Drive			Date of Receipt
	Mailing Address 385 Millennium Drive			10 29 2007
	City	State	Zip Code	Transaction ID: 14696862
	Crystal Lake	IL	60012-3740	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Centegra Health System	Occupation Chief Qua	n ality Officer/General Counse	1
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	-	050.00	1
	Other (specify)		250.00	
_				
				1250.00
S	UBTOTAL of Receipts This Page (optional)	·····	······································	1250.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 156
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a
An	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	iress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. JoAnna White			Date of Receipt
	Mailing Address 20719 Highview			10 29 7 2007
	City	State	Zip Code	Transaction ID: 14697479
	Marengo	IL	60152-9687	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Centegra Northern Illinois	ccupation		1
	Medical Cen		rsing Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. James M. Sanger			Date of Receipt
	Mailing Address 20 Clear Lake			10 29 2007
	City	State	Zip Code	Transaction ID: 14700495
	Centralia	IL	62801-3720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	St Mary's Hospital	ccupation	n and Chief Executive Officer	
			Year-to-Date ▼	
	Primary General	1 1	750.00	
	Other (specify) ▼		750.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Thomas Nordwick			Date of Receipt
	Mailing Address P O Box 1450			10 29 7 2007
	City	State	Zip Code	Transaction ID: 14703946
	Douglas	WY	82633-1450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Memorial Hospital of Conv-	ccupation	1	7
	erse County	resident	and Chief Executive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
т.	OTAL This Period (last page this line number only)		•	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97/156
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Daniel J. Perdue			Date of Receipt
Mailing Address 2005 Warren Avenue Post Office Box 249			10 29 2007
City Cheyenne	State WY	Zip Code 82001-3725	Transaction ID: 14703948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3200 10720	250.00
Name of Employer Wyoming Hospital Associa- tion	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. Mr. Charles F. Harms Mailing Address 2520 Moonlight Ct.	<u>'</u>		Date of Receipt
City	State	Zip Code	10 29 2007
City <u>Cheyenne</u>	WY	82009-8572	Transaction ID: 14703950 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3333 55.2	375.00
Name of Employer Cheyenne Regional Medical Center Receipt For: Primary General Other (specify) ▼	_, .	ecutive Officer e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial)			
C. Mr. Kenneth Hanover Mailing Address 3200 Burnet Avenue			Date of Receipt 1 0 2 2 2 2 0 0 7
City	State	Zip Code	Transaction ID: 14705636
Cincinnati	OH	45229-3019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Health Alliance of Greater Cincinnati Receipt For:		n t and Chief Executive Office Year-to-Date V	r
Primary General Other (specify) ▼	Aggregate	1000.00	
SUBTOTAL of Receipts This Page (optional)			1625.00
TOTAL This Period (last page this line number	or only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 156			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or i	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
	Ms. Lynn M Abrahamsen			Date of Receipt			
	Mailing Address 701 Park Avenue South			10 29 2007			
	City	Ctoto	7in Codo				
	City Minneapolie	State MN	Zip Code	Transaction ID: 14716129			
	Minneapolis	IVIIN	55415-1829	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer	Occupation	1	7			
	Hennepin County Medical Center	Administ	rator				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify)		230.00				
₹	Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD			Date of Receipt			
٠.	Mailing Address 2550 University Avenue	W		M M / D D / Y Y Y Y			
	Maining Address 2000 Offiversity Avenue	10 29 2007					
	City	State	Zip Code	Transaction ID: 14716131			
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period			
	FEC ID number of contributing			200.00			
	federal political committee.	C		390.00			
	Name of Employer	Occupation	า	\dashv			
	Minnesota Hospital Associ-		, Regulatory/Strategic Affair				
	ation Receipt For:		Year-to-Date ▼	+			
	Primary General	1.99.29		1			
	Other (specify) ▼		390.00				
				1			
_	Full Name (Last, First, Middle Initial)						
j.	Ms. Debra K Boardman			Date of Receipt			
	Mailing Address 323 South Minnesota St	reet		10 29 2007			
	City	State	Zip Code	Transaction ID: 14716133			
	Crookston	MN	56716-1600	Amount of Each Receipt this Period			
	FEC ID number of contributing		1 1 1 1 1 1				
	federal political committee.	C		225.00			
	N (5)	I 0 .:					
	Name of Employer Riverview Healthcare Asso-	Occupation	ո t and Chief Executive Office։				
	ciation Receipt For:		Year-to-Date ▼	_			
	Primary General	Aggregate	rear-to-Date V	1			
	Other (specify)		360.00				
			0 0 0 0 0 0 0	1			
SI	JBTOTAL of Receipts This Page (optional)		······	865.00			
T	OTAL This Period (last page this line number or	nly)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 99 / 156
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, r age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Rocklon Chapin			Date of Receipt
	Mailing Address 407 E. Third St.			10 29 2007
	City	State	Zip Code	Transaction ID: 14716152
	Duluth	MN	55805-1984	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary's/Duluth Clinic	Occupation Exac VP	/Sr. Officer, SMDC Hospital	
	Health System Receipt For:		Year-to-Date V	
	Primary General	riggrogato	Tour to Bate ¥	
	Other (specify) ▼		500.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. James Christensen, MD			Date of Receipt
	Mailing Address St. Joseph-St. Anthony	Health		M M / D D / Y Y Y Y
	P.O. Box 4227			10 29 2007
	City	State	Zip Code	Transaction ID: 14716153
	<u>Tampa</u>	<u> </u>	33677-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	┪
	St. Joseph's Hospital	Trustee	•	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms Susan Doherty			Date of Receipt
	Mailing Address 720 Fourth Street North			M M / D D / Y Y Y Y
	01.	01-1-	7's Oads	10 29 2007
	City	State ND	Zip Code	Transaction ID: 14716161
	Fargo	ND	58122-4520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer MeritCare Health System	Occupation Manager	n Public Policy and Governme	entR
	Receipt For:	-	Year-to-Date ▼	7
	Primary General		400.00	1
	Other (specify)		480.00	
				222.22
s	UBTOTAL of Receipts This Page (optional))	900.00
\vdash			·	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 156
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		71	
Full Name (Last, First, Middle Initial) Dr David Erickson Mailing Address P O Box 38 City Yankton FEC ID number of contributing	State SD	Zip Code 57078-0038	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Senior Vi	n ice President and Chief Medi e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Mark Eustis Mailing Address 2450 Riverside Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14716248
Minneapolis	MN	55454-1450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Fairview Health Services	Occupation	n t and CEO	
Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Mr. David Feinwachs			Date of Receipt
Mailing Address 2550 University Avenue Suite 350-S	West		1 0 2 9 2 0 0 7
City	State	Zip Code	Transaction ID: 14716251
Saint Paul FEC ID number of contributing federal political committee.	C	55114-1052	Amount of Each Receipt this Period 250.00
Name of Employer Minnesota Hospital Associ- ation Receipt For: Primary General Other (specify) ▼	Occupation General Aggregate		
SUBTOTAL of Receipts This Page (optional)			875.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 101 / 156	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solic solicit contributions from	iting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in ordan Floopital Accordance Fro				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. James F Hanko			Date of Receipt	
	Mailing Address 1300 Anne Street NW			10 29	
	City	State	Zip Code		
	Bemidii	MN	56601-5103	Transaction ID: 1	
	·	IVIIN	30001-3103	Amount of Each Ro	aceipi iriis Period
	FEC ID number of contributing federal political committee.	C			190.00
	Name of Employer North Country Regional Ho-	Occupation			
	spital		t and Chief Executive Officer	·	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	350.45		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Mary Krinkie			Date of Receipt	
	Mailing Address 2550 University Avenue	W.		M M / D D	/ Y " Y " Y " Y
	Suite 350-S			10 29	2007
	City	State	Zip Code	Transaction ID: 14	4716398
	Saint Paul	MN	55114-1052	Amount of Each Ro	eceipt this Period
	FEC ID number of contributing	С			100.00
	federal political committee.				
	Name of Employer Minnesota Hospital Associ-	Occupation	n		
	Minnesota Hospital Associ- ation	Vice Pres	sident		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		600.00	1	
	Other (specify)		000.00		
C.	Full Name (Last, First, Middle Initial) Mr. Dennis C Miley			Date of Receipt	
•	Mailing Address 415 North Jefferson Str	eet		M M / D D	/
	THE THORIT CONCRETE ON	001		10 29	
	City	State	Zip Code	Transaction ID: 14	4716427
	Wadena	MN	56482-1297	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			250.00
	Name of Employer	Occupation	n	\dashv	
	Tri-County Hospital	Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
_					
					540.00
S	UBTOTAL of Receipts This Page (optional)	······	······································		340.00
T	OTAL This Period (last page this line number o	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 156
ITEMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle				_
Α.	Full Name (Last, First, Middle Initial) Dr. Peter E Person, , M.D.			Date of Receipt
Α.	Mailing Address 502 East Second Street			M M / D D / Y Y Y Y
	Walling Address 502 East Second Street			10 29 2007
	City	State	Zip Code	Transaction ID: 14716461
	Duluth	MN	55805-1982	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	 1	-
	Name of Employer St. Mary's/Duluth Clinic Health System	•	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J Reiner			Date of Receipt
	Mailing Address 200 North Elm Street			M M / D D / Y Y Y Y
				10 29 2007
	City	State	Zip Code	Transaction ID: 14716477
	Onamia	MN	56359-7901	Amount of Each Receipt this Period
	FEC ID number of contributing	С		450.00
	federal political committee.			
	Name of Employer Mille Lacs Health System	Occupation	1	
	Mille Lacs Health System	Administ	rator and Chief Executive Off	i
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	450.00	
	Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Bruce J. Rueben			Date of Receipt
	Mailing Address 4885 Pheasant Court So	uth		M M / D D / Y Y Y
				10 29 2007
	City	State	Zip Code	Transaction ID: 14716478
	Afton	MN	55001-9415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		231.00
	Name of Employer Minnesota Hospital Associ-	Occupation		
	ation	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		231.00	
	Carior (openity)		0 0 0 0 0 0 0	
Г	l .			
s	UBTOTAL of Receipts This Page (optional)			931.00
\vdash	,			
т	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 156 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	iress or any political committee to	Solicit contributions from Such committee.
	Full Name (Last, First, Middle Initial) Dr. Peter Smith, M.D. Mailing Address 100 Fallwood Road City Redwood Falls FEC ID number of contributing federal political committee. Name of Employer Redwood Area Hospital	State MN C	Zip Code 56283-1828	Date of Receipt M M M / 29 / 2007 Transaction ID: 14716504 Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 537.50	
3.	Full Name (Last, First, Middle Initial) Mr. Randy Ulseth Mailing Address 301 South Highway 65 City Mora FEC ID number of contributing federal political committee. Name of Employer Kanabec Hospital Receipt For: Primary General Other (specify)		Zip Code 55051-1899 n ecutive Officer Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. Carl P Vaagenes Mailing Address 815 Second Street SE City Little Falls	State MN	Zip Code 56345-3596	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer St. Gabriel's Hospital Receipt For: Primary General Other (specify)			425.00
SI	JBTOTAL of Receipts This Page (optional)			1175.00
т	OTAL This Period (last page this line number or	าly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 156 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	ness of any political committee to	Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Mary Ellen Wells Mailing Address 1095 Highway 15 South City Hutchinson FEC ID number of contributing federal political committee. Name of Employer Hutchinson Area Health Ca-	State MN C	Zip Code 55350-5000	Date of Receipt M M M / 29 / 2007 Transaction ID: 14716515 Amount of Each Receipt this Period 250.00
	Receipt For: Primary Other (specify)	President Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Peggy Westby Mailing Address 2550 University Avenue Suite 350-S City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify)	State MN C Occupation Vice Pres		Date of Receipt M M / 29 / 2007 Transaction ID: 14716519 Amount of Each Receipt this Period
C.	Full Name (Last, First, Middle Initial) Ms. Lori L Wightman Mailing Address P O Box 577 City New Ulm FEC ID number of contributing federal political committee. Name of Employer New Ulm Medical Center Receipt For: Primary General Other (specify)	State MN C Occupation President Aggregate		Date of Receipt M M / 29 / 2007 Transaction ID: 14716521 Amount of Each Receipt this Period 250.00
SI	JBTOTAL of Receipts This Page (optional)			625.00
TO	OTAL This Period (last page this line number or	nly)		

SCH	IEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 156
ITEMIZED RECEIPTS		or each category of the		(check only one)
11 EN	MIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Any in	formation copied from such Reports and Sta commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NA	ME OF COMMITTEE (In Full)			
An	nerican Hospital Association PAC			
	ll Name (Last, First, Middle Initial) . Robert E. Gibbons			Date of Receipt
Ma	iling Address Five New England Exec	utive Park		10 24 2007
Cit	у	State	Zip Code	Transaction ID: 14716534
<u>Βι</u>	ırlington	MA	01803-5010	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		550.00
Na Ma	me of Employer assachusetts Hospital As-	Occupation Vice Pres	n sident, Government Advocac	v
	ciation ceipt For:		Year-to-Date ▼	'
	Primary General	00 0		
	Other (specify) ▼		550.00	
	ll Name (Last, First, Middle Initial) . Dale M Lodge			Date of Receipt
Ma	iling Address 41 Highland Avenue			10 24 2007
Cit	у	State	Zip Code	Transaction ID: 14716535
W	inchester	MA	01890-1496	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		1000.00
Na Wi	me of Employer inchester Hospital	Occupation President	n t and Chief Executive Officer	
Re	ceipt For:	Aggregate	Year-to-Date V	1
	Primary General Other (specify)		1000.00	
	Il Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	
C. Mr.	Paul Ponte			Date of Receipt
	iling Address 2014 Washington Stree			10 24 2007
Cit	•	State	Zip Code	Transaction ID: 14716536
<u>Ne</u>	ewton Lower Falls	MA	02462-1607	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		500.00
Na Ne	me of Employer wton-Wellesley Hospital	Occupation Manager,	n , Environmental Services	
Re	ceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
SUBT	FOTAL of Receipts This Page (optional)		>	2050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b	PAGE 106 / 156
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of solici	15 16 17
$\frac{0}{}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	iress of any political committee to	Solicit Contributions from	such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Richard Palumbo Mailing Address 330 Mount Auburn Stree City Cambridge FEC ID number of contributing federal political committee. Name of Employer Mount Auburn Hospital	State MA C Occupation Director		Date of Receipt 10 24 Transaction ID: 14 Amount of Each Re	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
3.	Full Name (Last, First, Middle Initial) Ms. Trace Hicks Mailing Address 10 Fox Hollow Greene City Delmar FEC ID number of contributing federal political committee. Name of Employer Accuro Healthcare Systems Receipt For: Primary General Other (specify)		Zip Code 12054 n of Sales, Northeast e Year-to-Date ▼ 250.00	Date of Receipt 10 24 Transaction ID: 14 Amount of Each Re	
C .	Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, , Jr. Mailing Address P O Box 2014 City Nashua FEC ID number of contributing federal political committee. Name of Employer Southern New Hampshire Me-	State NH C		Date of Receipt 10 24 Transaction ID: 14 Amount of Each Re	
S	dical Center Receipt For: Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	Aggregate	t and Chief Executive Officer Year-to-Date ▼ 250.00		750.00
	OTAL This Period (last page this line number or		<u> </u>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 / 156
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Harvey M Yorke			Date of Receipt
	Mailing Address 100 Hospital Drive East			10 24 2007
	City	State	Zip Code	Transaction ID: 14716546
	Bennington	VT	05201-5004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southwestern Vermont Medi- cal Center	Occupation President	n t and Chief Executive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1	250.00	1
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert C Chapman, , FACHE			Date of Receipt
	Mailing Address 3000 Galleria Tower, Ste	10 22 7 2007		
	City	State	Zip Code	Transaction ID: 14718294
	Birmingham	AL	35244-2378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer St. Vincent's Health Syst-	Occupation President	n t and Chief Executive Officer	
	em Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	1000.00	1
	Other (specify) ▼	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Ellen C Briley			Date of Receipt
	Mailing Address 987 Drayton Street			10 22 7 2007
	City	State	Zip Code	Transaction ID: 14718295
	Elba	AL	36323-1494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Elba General Hospital	Occupation Administ	n rator and Chief Executive Of	fi
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number on	nly))	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 156 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Donald Henderson Mailing Address 8213 Marsh Pointe Drive			Date of Receipt
	City	State	Zip Code	1 0 2 2 2 0 0 7 Transaction ID: 14718296
	Montgomery	AL	36117-7432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jackson Hospital and Clin- ic	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Andersen			Date of Receipt
	Mailing Address 4000 Lincoln Boulevard	10 24 7 2007		
	City	State	Zip Code	Transaction ID: 14721250
	Oklahoma City	OK	73105-5207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Duncan Regional Hospital	Occupation Vice Pres	n sident and Chief Financial O	f
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Ms. Patricia Davis			Date of Receipt
	Mailing Address 4414 Manchester Court			10 24 2007
	City	State	Zip Code	Transaction ID: 14721252
	Norman	OK	73072-3915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oklahoma Hospital Associa- tion	Occupation Executive	n e Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number or	nly)	>	

CCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 109 / 156
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joe Duerr			Date of Receipt
Α.				M M / D D / Y Y Y Y
Mailing Address 501 14th Street				10 24 2007
	City	State	Zip Code	Transaction ID: 14722395
	Perry	OK	73077-5099	Amount of Each Receipt this Period
	FEC ID number of contributing			48.00
	federal political committee.	С		40.00
	Name of Employer Perry Memorial Hospital	Occupation	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	199.79		7
	Other (specify) ▼	l	173.00	
				"
В.	Full Name (Last, First, Middle Initial) Mr. Joe Duerr			Date of Receipt
	Mailing Address 501 14th Street	M M / D D / Y Y Y Y		
		10 24 2007		
	City	State	Zip Code	Transaction ID: 14722398
	Perry	OK	73077-5099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			50.00
	federal political committee.			30.00
	Name of Employer Perry Memorial Hospital	Occupation	1	7
	Perry Memorial Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		223.00	7
	☐ Other (specify) ▼	0 0	220.00	1
_	Full Name (Last, First, Middle Initial)			Data of Bassist
U.	Ms. Cynthia Duncan Mailing Address 1115 Fast Jasmine			Date of Receipt
	Mailing Address 1115 East Jasmine			10 24 2007
	City	State	Zip Code	Transaction ID: 14722400
	Frederick	OK	73542-4020	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Memorial Hospital and Phy-	Occupation		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	sician Group		Human Resources	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	1
				348.00
S	UBTOTAL of Receipts This Page (optional)		······································	340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 / 156
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		·	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. B. Joe Gunn			Date of Receipt
Mailing Address Post Office Box 326			10 24 2007
City	State	Zip Code	Transaction ID: 14724050
Vinita	OK	74301-0326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Craig General Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Ms. Debbie Howe			Date of Receipt
Mailing Address Post Office Box 489			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14724052
Okeene	OK	73763-0489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Weatherford Regional Hosp-	Occupation		
ital Receipt For:	Administ	rator e Year-to-Date 🔻	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Ms. Linda Jones			Date of Receipt
Mailing Address 122 North 12th Street			10 24 2007
City	State	Zip Code	Transaction ID: 14724660
Frederick	OK	73542-5629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Memorial Hospital and Phy-			
sician Group Receipt For:		Administrator e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 111 / 156
	`		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	aress or any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Greg Martin			Date of Receipt
	Mailing Address 1310 South Main Stree	t		10 24 2007
	City	State	Zip Code	Transaction ID: 14724663
	Grove	OK	74344-1348	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Integris Grove General Ho-	Occupation President		
	spital Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Sheryl R. McLain, MS			Date of Receipt
Ь.	Mailing Address 2301 Steeplechase Roa	nd		M M / D D / Y Y Y Y
	Walling Address 2501 Steeplechase not	au		10 24 2007
	City	State	Zip Code	Transaction ID: 14724665
	Edmond	OK	73034-5893	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	n	_
	Oklahoma Hospital Associa- tion	Vice Pres	sident, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Gloria Thurman Mailing Address 319 Fast Josephine			Date of Receipt
	Mailing Address 319 East Josephine			10 24 2007
	City	State	Zip Code	Transaction ID: 14724717
	Frederick	OK	73542-2220	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Memorial Hospital and Phy-	Occupation		
	sician Group	Administr		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
	Strict (Specify) \	1 1	0 0 0 0 0 0 0	1
	UBTOTAL of Receipts This Page (optional)			1000.00
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TOTAL This Period (last page this line number only)

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 112 / 156
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St	atomonte ma	reat he cold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	7 anonoan moophal moodolation i mo			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Karl Weinmeister			Date of Receipt
	Mailing Address 3300 Northwest Expres	sway		M M / D D / Y Y Y Y
	-			10 24 2007
	City	State	Zip Code	Transaction ID: 14724758
	Oklahoma City	OK	73112-4418	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	n	┥
	Integris Baptist Medical		g Director	
	Center Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	4
_	Full Name (Last, First, Middle Initial)			
В.	Mr. David D Whitaker, , FACHE			Date of Receipt
	Mailing Address P O Box 1308	M M / D D / Y Y Y Y		
				10 24 2007
	City	State	Zip Code	Transaction ID: 14724759
	Norman	OK	73070-1308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			500.00
	federal political committee.			556.55
	Name of Employer	Occupation	1	┥
	Name of Employer Norman Regional Health Sy- stem		t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	Ms. Mary Winters			Date of Receipt
	Mailing Address 3808 Skyward Circle			10 24 2007
	City	State	Zip Code	
	City Yukon	OK	•	Transaction ID: 14724760
		<u> </u>	73099-3220	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	n	7
	Oklahoma Hospital Associa- tion	Vice Pres	sident Support Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1 I
	Other (specify) ▼		250.00] [
s	UBTOTAL of Receipts This Page (optional))	1000.00
\vdash	·			-

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 156 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a			
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt			
Α.	Mr. Brian K Woodliff Mailing Address P O Box 1008			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 14724761			
	Tahlequah FEC ID number of contributing federal political committee.	OK OK	74465-1008	Amount of Each Receipt this Period 250.00			
	Name of Employer Tahlequah City Hospital	Occupation Chief Exe	n ecutive Officer				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
В.	Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Ave	nue		Date of Receipt			
	City	State VA	Zip Code	Transaction ID: PR1034595119674			
	Alexandria FEC ID number of contributing federal political committee.	C	22301	Amount of Each Receipt this Period 40.00			
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼		e Director e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt			
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y			
	City Washington	State DC	Zip Code	Transaction ID: PR1045726219674			
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 100.00			
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼		n ief Washington Counsel e Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi-Weekly)			
s	UBTOTAL of Receipts This Page (optional)			390.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 114 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Stat	ements may	└────────────────────────────────────	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464219674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer American Hospital Associa-	Occupation Section D		
	tion-Washingt Receipt For:		e Year-to-Date V	-
	Primary General	/ tgg/ ogate		P/R Deduction (\$12.50 Bi-
	Other (specify) ▼	0 0	212.50	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M " M / D " D / Y " Y " Y " Y
	City State Zip Code			Transaction ID: PR1125613619674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt		ssociate Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		440.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1143013019674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.74
	Name of Employer American Hospital Associa-	Occupation	n	
	American Hospital Associa- tion-Washingt	Legislativ	ve Assistant	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		206.53	P/R Deduction (\$10.87 Bi- Weekly)
				86.74
S	UBTOTAL of Receipts This Page (optional)		······	00.74
T	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Statements i	nay not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	address of any political committee to s	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy		Date of Receipt
	Mailing Address 1660 Lanier Place NW Apt. 309		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR1300853719674
	Washington DC	20009-2947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.84
	Name of Employer American Hospital Association-Washingt Occupa Project	tion t Manager/PAC Coordinator	
	Receipt For: Primary General Aggreç	ate Year-to-Date ▼	P/R Deduction (\$10.42 Bi-
	Other (specify) ▼	208.40	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Emily Claire Francis		Date of Receipt
	Mailing Address 1200 North Veitch Street Apt. 1023	M " M / D " D / Y " Y " Y " Y	
	City State	Zip Code	Transaction ID: PR1315883919674
	Arlington VA	22201-5818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		19.24
	Name of Employer American Hospital Association-Washingt Occupa Project	tion t Manager	
		ate Year-to-Date 🔻	
	Primary General Other (specify) ▼	211.64	P/R Deduction (\$9.62 Bi-W-eekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.		Date of Receipt
	Mailing Address One North Franklin		M " M / D " D / Y " Y " Y " Y
	City State	Zip Code	Transaction ID: PR1339349919674
	<u>Chicago</u> IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		120.00
	Name of Employer American Hospital Association Occupa Accou	tion nt Executive	
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	1260.00	P/R Deduction (\$60.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		160.08
Т	OTAL This Period (last page this line number only)	>	

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 116 / 156			
			Use separate schedule(s) or each category of the	(check only one)			
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
٩.	Ms. Frances Margolin			Date of Receipt			
	Mailing Address One North Franklin			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR1347702719674			
	Chicago	II	60606-3436	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer American Hospital Associa-	Occupation	n	7			
	American Hospital Associa- tion-Chicago	Vice Pres	sident, Operatinos HRET				
	Receipt For:	Aggregate	e Year-to-Date ▼	7			
	Primary General			P/R Deduction (\$25.00 Bi-			
	Other (specify) ▼		400.00	Weekly)			
				<u>' </u>			
3.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay			Date of Receipt			
	Mailing Address One North Franklin			M M / D D / Y Y Y Y			
	City	Transaction ID: PR1347703619674					
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period			
	FEC ID number of contributing			50.00			
	federal political committee.	C		50.00			
	Name of Employer	Occupation	2	-			
	Name of Employer American Hospital Associa-		sident & CIO				
	tion-Chicago Receipt For:		Year-to-Date ▼				
	Primary General	Aggregate	Frear-to-Date V	D/D Dadwatian (#05.00 Di			
	Other (specify)		400.00	P/R Deduction (\$25.00 Bi- Weekly)			
		0 0		,,			
_	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt			
٥.	Mailing Address 325 Seventh Street, NW	<u> </u>		M M / D D / Y Y Y Y			
	Suite 700			M M , D D , Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR327629119674			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing			00.00			
	federal political committee.	C		90.00			
	Name of Employer	Ossunation		4			
	Name of Employer American Hospital Associa-	Occupation	sident Federal Relations				
	tion-Washingt Receipt For:	1	e Year-to-Date V	-			
	Primary General	Aggregate	rear-to-bate V	D/D D			
	Other (specify)		900.00	P/R Deduction (\$45.00 Bi- Weekly)			
				- "			
S	UBTOTAL of Receipts This Page (optional)		······	190.00			
T	OTAL This Period (last page this line number of	nly))				

SCH	IEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 117 / 156
			Use separate schedule(s) or each category of the	(check only one)
II EN	MIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Any in	formation copied from such Reports and Stacommercial purposes, other than using the	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	ME OF COMMITTEE (In Full)	14.110 4.14 44.1	areas ar arry pointed as arrivation to	
\	merican Hospital Association PAC			
	ll Name (Last, First, Middle Initial) . Lindsay Mac Robinson			Date of Receipt
Ma	iling Address 107 East Lane			M M / D D / Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: PR327727319674
<u>La</u>	ke Barrington	IL	60010-1939	Amount of Each Receipt this Period
FE fed	C ID number of contributing deral political committee.	С		100.00
Na An	me of Employer nerican Hospital Associa- n-Chicago			
	eceipt For:		sident, PMGs e Year-to-Date ▼	7
	Primary General Other (specify) ▼	1 1	800.00	P/R Deduction (\$50.00 Bi- Weekly)
_	II Name (Last, First, Middle Initial) b. Deborah F. Weiner			Date of Receipt
Ма	ailing Address 11004 Petersborough	M M / D D / Y Y Y Y		
Cit	у	State	Zip Code	Transaction ID: PR327745919674
<u>Rc</u>	ockville	MD	20852-3249	Amount of Each Receipt this Period
fed	C ID number of contributing deral political committee.	C		100.00
Na	me of Employer nerican Hospital Associa-	Occupation	n	
<u>tior</u>	n-Washingt		Grassroots Advocacy	
Re	ceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$50.00 Bi- Weekly)
_	II Name (Last, First, Middle Initial) s. Debra J. Stock			Date of Receipt
Ма	ailing Address One North Franklin			M M / D D / Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: PR327777819674
<u>Cr</u>	nicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		20.00
An	me of Employer nerican Hospital Associa-	Occupation	n sident, Member Relations	
	n-Chicago ceipt For:	-	e Year-to-Date ∇	-
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBT	TOTAL of Receipts This Page (optional)			220.00
- '	,			
TOTA	AL This Period (last page this line number o	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 118 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸۰	y information copied from such Reports and Sta	tomonto mo	unet be cold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to s	colicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801719674
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327812019674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Organization of	Occupation		
	Nurse Executi Receipt For:		e Director e Year-to-Date ▼	-
	Primary General	Aggregate	F Teal-10-Date ▼	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		1055.00	Weekly)
) .	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Stre	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327846219674
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Meetings & Travel Serv	
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	211.64	P/R Deduction (\$9.62 Bi-W-eekly)
S	UBTOTAL of Receipts This Page (optional)			149.24
			<u>`</u> _	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 119 / 156
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	tomonte ma	reat he cold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851919674
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director.	n Policy Development	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		400.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	0 0	400.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327858019674
	Washington	<u>DC</u>	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Director, AHAPAC	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	N
	Other (specify) ▼		880.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877819674
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		86.98
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		826.31	P/R Deduction (\$43.49 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			216.98
	. 5 ,			
T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327895719674
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupation Vice Pres		
	tion-Chicago Receipt For:		Year-to-Date ▼	
	Primary General			P/R Deduction (\$25.00 Bi-
	Other (specify)		400.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, M.D.			Date of Receipt
	Mailing Address 1610 Tahiti Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328006019674
	Gulf Breeze	FL	32563-4937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation	n Inter for Healthcare Governa	nte
	tion-Chicago Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	800.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328132819674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	President		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		900.00	P/R Deduction (\$45.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		······	240.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	check only one) X 11a 11b 11c 12
Δr	ny information copied from such Reports and Statem	nente mai	, not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136919674
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	American Hospital Associa- tion-Chicago		President, Member Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223819674
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
		С		50.00
	American Hospital Associa-	ccupation ice Pres		
	tion-Chicago		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224919674
	Silver Spring	MD	20906	Amount of Each Receipt this Period
		C		100.00
	American Hospital Associa- tion-Washingt		President	
	Receipt For: Primary General Other (specify) ▼	nggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			250.00
Т	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 156
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Richard J. Pollack			Date of Receipt
Mailing Address 325 Seventh Street, NW	<i>I</i>		M M / D D / Y Y Y Y
Suite 700	-		
City	State	Zip Code	Transaction ID: PR328260919674
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer	Occupation	 1	\dashv
Name of Employer American Hospital Associa- tion-Washingt		Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		000.00	P/R Deduction (\$40.00 Bi-
Other (specify) ▼	0 0	880.00	Weekly)
Full Name (Last, First, Middle Initial) B. Mr. Richard H. Wade			Date of Receipt
Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR328310419674
Arnold	MD	21012-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer American Hospital Associa-	Occupation	1	7
American Hospital Associa- tion-Washingt	Sr. Vice	President, Communications	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	000.00	P/R Deduction (\$50.00 Bi-
Other (specify) ▼		800.00	Weekly)
Full Name (Last, First, Middle Initial) C. Mr. Stephen M. Ahnen			Date of Receipt
Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
07	01-1-	7'- 0-4-	
City Arlington	State VA	Zip Code 22205-1629	Transaction ID: PR328312719674
	<u> </u>	22203-1029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		ce President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	800.00	P/R Deduction (\$50.00 Bi-
Other (specify) ▼			Weekly)
SUBTOTAL of Receipts This Page (optional)			280.00
TOTAL This Period (last page this line number o	nly)		

Tremized Receipts Description Commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the paress of soliciting committee. NAME OF COMMITTEE (In Full)	S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 123 / 156
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mis. Lon M. Schor Maling Address 325 Seventh Street, NW Sulte 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Associations Washington Primary General Other (specify) ▼ 880.00 B. Ms. Carita. Luggiero Maling Address 325 Seventh Street, NW Sulte 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Cupation Maling Address 325 Seventh Street, NW Sulte 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C 20004-2818 FEC ID number of contributing federal political committee. C 20004-2818 FEC ID number of contributing federal political committee. C 20004-2818 FEC ID number of contributing federal political committee. C 20004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. Primary General C 30004-2818 FEC ID number of contributing federal political committee. C 30004-2818 FEC ID number of contributing federal political committee. Primary General C 30004-2818 Primary General C 30004-2818 FEC ID number of contributing federal political committee. Primary General C 30004-2818 Primary General C 30004-2818 Primary General C 30004-2818 Pr		· · · · · · · · · · · · · · · · · · ·		or each category of the	
Any information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commenting purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)	••			Detailed Summary Page	
Transaction ID: PR328341819674 Amount of Each Receipt Tors Primary General	Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Lor M Schor Mailing Address 325 Seventh Street, NW Suite 700 City Washington DC 20004-2818 FEC ID number of contributing federal political Committee. Pull Name (Last, First, Middle Initial) B. Ms. Carla L Luggiero Mailing Address 325 Seventh Street, NW Suite 700 City Primary General Ober (specify) ▼ State Zip Code Mashington P/R Deduction (\$40.00 Bi-Weekly) P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt Ball on PR328490119674 Amount of Each Receipt this Period P/R Deduction (\$40.00 Bi-Weekly) P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt Transaction ID: PR328490119674 Amount of Each Receipt this Period P/R Deduction (\$10.87 Bi-Weekly)	or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Ma. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer Mashington Director, Political Action & Grassroot Director, Political Action & Grassroot Mashingt Receipt For: Prill Name (Last, First, Middle Initial) B. Ms. Carla L. Lugglero City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political Committee. Cocupation Director, Political Action & Grassroot Receipt For: Prill Name (Last, First, Middle Initial) B. Ms. Carla L. Lugglero City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C 21.74 Amount of Each Receipt this Period P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt Transaction ID: PR328491119674 Amount of Each Receipt this Period P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Transaction ID: PR32851811819674 Amount of Each Receipt this Period P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$47.60 Bi-Pi/Receipt For: Primary General Occupation Regional Executive Regional Reg	\setminus	NAME OF COMMITTEE (In Full)			
A. Ma. Lort M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt B. Mc Carla L. Luggiero Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington Director, Political Action & Grassroot Receipt For: Primary General Primary Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Primary General Cotcupation Sr. Associate Director Aggregate Year-to-Date ▼ Primary General Primary General Primary General Primary General Primary General Cotcupation Sr. Associate Director Aggregate Year-to-Date ▼ Primary General Cotcupation Sr. Associate Director Aggregate Year-to-Date ▼ Primary General Political committee. Primary General City State Zip Code Aggregate Year-to-Date ▼ Primary General City State Zip Code Primary General Cotcupation Sr. Associate Director Aggregate Year-to-Date ▼ Primary General City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. Primary General Prima		American Hospital Association PAC			
Suite 700 City	A.	Ms. Lori M. Schor			Date of Receipt
Washington DC 20004-2818		Suite 700			
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Port Primary General Other (specify) ▼ Cocupation Basingt Port Primary General Other (specify) ▼ Cocupation Basingt Port Primary General Other (specify) ▼ Primary General Occupation State Zip Code Transaction ID: PR328511819674 Amount of Each Receipt this Period Primary General Occupation Regional Executive Regional Executive Regional Executive Regional Executive Primary General Primary General Occupation (specify) ▼ Primary General Occupation Regional Executive Primary General Occupation State		-		·	
Receipt For:			DC	20004-2818	Amount of Each Receipt this Period
Bocelpt For: Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt P/R Deduction (\$40.00 Bi-Weekly) Date of Receipt Date of Receip			С		80.00
Receipt For:		Name of Employer American Hospital Associa- tion-Washingt			
State Secretary Secreta			Aggregate	Year-to-Date ▼	
Date of Receipt					P/R Deduction (\$40.00 Bi- Weekly)
Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Coccupation Regional Executive P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$10.87 Bi-Weekly)	В.				Date of Receipt
Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Cubation Sr. Associate Director Aggregate Year-to-Date ▼ P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period 21.74 Amount of Each Receipt this Period 21.74 Amount of Each Receipt this Period P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period PR Deduction (\$10.87 Bi-Weekly) Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period P/R Deduction (\$47.60 Bi-P/R Deduction (\$47.60 B			V		
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ C. Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Name of Employer American Hospital Association-Chicago Receipt For: Primary General Occupation Regional Executive Regional Executive Aggregate Year-to-Date ▼ P/R Deduction (\$10.87 Bi-VY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		•		•	Transaction ID: PR328490119674
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ C. Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City Yardley PA 19067-5736 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period P5.20 P5.20 P/R Deduction (\$10.87 Bi-Weekly)		Washington	DC	20004-2818	Amount of Each Receipt this Period
Since Aggregate For: Aggregate Year-to-Date P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Date of Receipt P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$10.87 Bi-Wee		federal political committee.	C		21.74
Since Aggregate For: Aggregate Year-to-Date P/R Deduction (\$10.87 Bi-Weekly) Date of Receipt Date of Receipt P/R Deduction (\$10.87 Bi-Weekly) P/R Deduction (\$10.87 Bi-Wee		Name of Employer			
Primary General Other (specify) ▼ Primary General Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: PR328511819674 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General P/R Deduction (\$10.87 Bi- Weekly) Pate of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period PFR Deduction (\$47.60 Bi-		tion-Washingt			
Other (specify) ▼ 206.53 C. Full Name (Last, First, Middle Initial) C. Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City Yardley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt Transaction ID: PR328511819674 Amount of Each Receipt this Period 95.20 P/R Deduction (\$47.60 Bi-			Aggregate	Year-to-Date ▼	D/D D - 1 - 1' (010 07 D'
Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: PR328511819674 Amount of Each Receipt this Period 95.20 P/R Deduction (\$47.60 Bi-		H ' -		206.53	Weekly)
City State Zip Code Transaction ID: PR328511819674 Yardley PA 19067-5736 FEC ID number of contributing federal political committee. C 95.20 Name of Employer American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General State Zip Code Transaction ID: PR328511819674 Amount of Each Receipt this Period P5.20 PR Deduction (\$47.60 Bi-	<u> </u>				Date of Receipt
Yardley PA 19067-5736 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 95.20 Name of Employer American Hospital Association-Chicago Receipt For: Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$47.60 Bi-		Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General P/R Deduction (\$47.60 Bi-		•		Zip Code	Transaction ID: PR328511819674
Name of Employer American Hospital Association-Chicago Receipt For: Primary General Occupation Regional Executive Aggregate Year-to-Date ▼ P/R Deduction (\$47.60 Bi-		Yardley	PA	19067-5736	Amount of Each Receipt this Period
American Höspital Association-Chicago Receipt For: Primary General Regional Executive Aggregate Year-to-Date ▼ P/R Deduction (\$47.60 Bi-			C		95.20
Receipt For: Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$47.60 Bi-		Name of Employer American Hospital Associa-			
Primary General P/R Deduction (\$47.60 Bi-					\dashv
		Primary General	riggregate		P/R Deduction (\$47.60 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	<u>ج</u>	UBTOTAL of Receipts This Page (optional)			196.94
TOTAL This Period (last page this line number only)	\vdash			·	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 124 / 156
	-		Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any persor	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Δ.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
•	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	
	City Arlington	VA	•	Transaction ID: PR328512019674
	•	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n sident, Media Relations	
	tion-Washingt Receipt For:		Year-to-Date V	-
	Primary General	riggregate	Teal to Bate V	P/P Doduction (\$20.00 Pi
	Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			D. (D.)
3.	Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Stree	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013419674
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Nome of Employer	Occupation		_
	Name of Employer American Hospital Associa-		Psychiatric and Substance A	b
	tion-Chicago Receipt For:		Year-to-Date ▼	
	Primary General	1.999		P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		400.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700		71.0.1	
	City	State	Zip Code	Transaction ID: PR329084419674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.48
	Name of Employer American Hospital Associa-	Occupation	n	1
	American Hospital Associa- tion-Washingt	Senior As	ssociate Director Executive B	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		413.06	P/R Deduction (\$21.74 Bi-
	Other (specify) ▼		413.00	Weekly)
<u></u>	JBTOTAL of Receipts This Page (optional)			133.48
	DE CINE OF HOOOIPEO THIS I age (optional)		······	
т,	OTAL This Period (last page this line number or	alv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•	· · · · · · · · · · · · · · · · · · ·	-1		13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any person dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevar	d South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215719674
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	7
	tion-Chicago Receipt For:		e Year-to-Date ▼	_
	Primary General	riggregate	, real to Bate V	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	800.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330343319674
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		e Services Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt			Date of Receipt
٠.	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330411619674
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Chicago	Associate	e Regional Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$25.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			170.00
H	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 / 156	
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stateme		tatements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle Wes	t		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475419674
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Chicago Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	880.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534319674
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupation	า	
	tion-Washingt		ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dunit 2303	Prive		M ' M / D D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR330547719674
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:		n sident, Strategic Planning • Year-to-Date ▼	
	Primary General	, iggi ogaic		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		320.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			170.00
\vdash	,			
T	OTAL This Period (last page this line number	only)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 127 / 156	6
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Ms. Eileen O'Keefe			Date of Receipt	
	Mailing Address One North Franklin			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR330549219674	
	Chicago	IL	60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago		sident, Member Relations	_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)	
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt	
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR330776119674	
	Washington	DC	20004-2818	Amount of Each Receipt this Period	
	FEC ID number of contributing			43.48	•
	federal political committee.	C		45.40	
	Name of Employer American Hospital Associa-	Occupation	 1	┪	
	American Hospital Associa- tion-Washingt		ocacy & Member Communic	ations	
	Receipt For:	Aggregate	e Year-to-Date ▼	1	
	Primary General		470.00	P/R Deduction (\$21.74 Bi-	
	Other (specify) ▼	0 0	478.28	Weekly)	
_	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt	
٥.	Mailing Address 26 West Glendale Ave			Date of Receipt	,
	West Glendale Ave			W - W / B - B / T - T - T - T	
	City	State	Zip Code	Transaction ID: PR331304219674	
	Alexandria	VA	22301-2402	Amount of Each Receipt this Period	
	FEC ID number of contributing			20.40	
	federal political committee.	C		38.48	
	Name of Employer American Hospital Associa-	Occupation	n	7	
	tion-Washingt	Director A	Advocacy and Public Policy (<u>Ο</u> p	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		423.26	P/R Deduction (\$19.24 Bi-	
	Other (specify)	0 0		Weekly)	
	LIPTOTAL of Possints This Page (anticest)			121.96	
<u> </u>	UBTOTAL of Receipts This Page (optional)		······		
T	OTAL This Period (last page this line number or	nly)	>		

SO	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 128 / 156
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416019674
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1317.69	P/R Deduction (\$60.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			1
3.	Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533219674
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Policy	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	880.00	P/R Deduction (\$40.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR346168119674
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer American Hospital Associa-	Occupation	n e Director, ASHRM	
	tion-Chicago Receipt For:		e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	7.55.054.0	416.60	P/R Deduction (\$20.83 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			241.66
			······································	
т	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 156
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and Sta	tomente may	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619719674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.40
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Di	n irector Executive Branch Rel	at
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		843.20	P/R Deduction (\$39.20 Bi-
	Other (specify) ▼	0 0	043.20	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
	Mailing Address 606 South Royal Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR766023719674
	Alexandria	VA	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.48
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director, Policy	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B/B B 1 1 1040 04 B
	Other (specify) ▼		384.78	P/R Deduction (\$19.24 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR876637219674
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Washingt	Senior As	ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0		Weekly)
s	UBTOTAL of Receipts This Page (optional)			136.88
Τ.	OTAL This Period (last page this line number or	nlv)		
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FOR LINE NUMBER: PAGE 130 / 156 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW M M / D D Suite 700 City State Zip Code Transaction ID: PR936292319674 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation **Director of Operations** Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$10.00 Bi-Weekly) 220.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	20.00
TOTAL This Period (last page this line number only)	<u> </u>	114111.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 156 (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		arooo or ary poniou committee to	COLOR CONTROL FOR CONTROL
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State NY C C00 Occupation	Zip Code 12144 0160259 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14633046 Amount of Each Receipt this Period 35000.00
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 17105-8600 0128082	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 14660512 Amount of Each Receipt this Period 39950.00
Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal) Mailing Address 2901 North Central Ave Suite 900 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State AZ C C00	Zip Code 85012 0217687 n e Year-to-Date ▼ 23500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	82450.00
TOTAL This Period (last page this line number of	only))	82450.00

FOR LINE NUMBER: PAGE 132 / 156 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 10 31 2007 City Zip Code State Transaction ID: 14726488 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 387.52 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Interest 3444.65 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	387.52
TOTAL This Period (last page this line number only)	•	387.52

S	CHEDULE B (FEC Form 3X)	Use sen	erate schedule(s)			FOR LINE NUMBER: PAGE (check only one)				133 /	156			
IT	EMIZED DISBURSEMENTS	for each	category of the		<u>`</u>	k only 1b	/ one) 7 22	\Box	23		24		25	☐ 26
		Detailed	Summary Page		27		28a	Н	28b	. -	28c		29	30
	y Information copied from such Reports and State for commercial purposes, other than using the nar													S
\	NAME OF COMMITTEE (In Full)	The drid dddi e	.oo or arry pointou		11111100	10 00		ibut	10110	110111	30011	001111111	1100	
$ \rangle$	American Hospital Association PAC													
′ А.	Full Name (Last, First, Middle Initial) American Express						Trans				_	198		
	American Express						M	_	/ D		#11L /	ΥΥ	Y	Υ
	Mailing Address Ste. 001						1 0			02		2 () Ď 7	
	City Chicago	State IL	Zip Code 60679				Amou	ınt o	f Eac	ch Dis	sburse	ement t		
	Purpose of Disbursement Merchant Fees				001		L.	_	_				4.5	50
	Candidate Name	Type			/									
	Senate President	Senate Primary General President Other (specify) ▼ : District:					Merch	nani	t Fee	es				
_	State: District: Full Name (Last, First, Middle Initial)													
В.	Merchant Bankcard						Trans Date	of D	isbur	seme				_
	Mailing Address 1601 Elm Street			1 0	М	/ D	0 4		ž () Ď 7	Y			
	City Dallas		Amount of Each Disbursement this Period											
	Purpose of Disbursement Merchant Fees			Γ	001								80.0	00
	Candidate Name			С	ategory Type	/								
	Office Sought: Senate President State: Disburs	Primary Other (spe	General ecify) ▼				Merch	nani	t Fee	es				
С.	Full Name (Last, First, Middle Initial) Merchant Bankcard						Trans					00		
	Mailing Address 1601 Elm Street						1 ^M 0	М	/ D	0 4		ž) ŏ 7	Y
	City Dallas	State TX	Zip Code 75201				Amou	ınt o	f Eac	ch Dis	sburse	ement t	this F	eriod
	Purpose of Disbursement Merchant Fees		70201	Г	001	$\overline{}$	L.					1	93.9	94
	Candidate Name	ategory Type	/											
	Senate President	sement For: Primary Other (spe	General ecify) ▼				Merch	nani	t Fee	es				
	State: District:													
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>						2	78.4	4
Т	OTAL This Period (last page this line number onli	y)				•								

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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use seperate sch		FOR LINE (check only		PAGE 134 / 156							
		Detailed Summar	ry Page	X 21b 27	28a 28b 2	24 25 26 28c 29 30b							
	ly Information copied from such Reports and Staten for commercial purposes, other than using the nam												
\setminus	NAME OF COMMITTEE (In Full)												
/	American Hospital Association PAC												
_	Full Name (Last, First, Middle Initial)				Transaction ID: 147								
Α.	American Express				Date of Disbursement	t							
	Mailing Address Ste. 001				10 / 05	2007							
	City Chicago	State Zip Co IL 6067			Amount of Each Disb								
	Purpose of Disbursement Merchant Fees	001	50.15										
	Candidate Name	Category/ Type											
	Office Sought: House Disburse Senate President	ement For: Primary Other (specify)	General		Merchant Fees								
	State: District:												
В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.				Transaction ID: 147								
	Mailing Address 1400 G Street, NW				10 18	2007							
	City Washington	State Zip Co DC 2000			Amount of Each Disb								
	Purpose of Disbursement Bank Fee		001		76.92								
	Candidate Name	Category/ Type											
	Office Sought: House Disburse Senate President	ement For: Primary Other (specify)	General		Bank Fee								

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	127.07
TOTAL This Period (last page this line number only)	•	405.51

President District:

State:

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)		-OR L check		IUMBE	H:			PAG	E 135	/ 156
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ľ	21k 27	Ĺ	22 28a	X	23 28b	П	24 28c	25 29	26 30b
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nan	ne and address of any politica	u com	ım	iittee to	O SOIIC	it conti	ibut	ions tr	om s	such cor	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American Hospital Association 1 Ac												
Α.	Full Name (Last, First, Middle Initial)								-		724762	2	
۸.	Serrano For Congress							of D	isburs		nt / Y	Y Y	Y
	Mailing Address 275 Madison Avenue						1 0			3	Ĺ	ž 0 ŏ	7
	City	State Zip Code					Amou	int o	f Each	ı Disl	bursem	ent this	Period
	New York Purpose of Disbursement	NY 10016	1									1000.	.00
	Contribution			0	11	1		-		_			
	Candidate Name		Ca	at	egory/								
	Rep. Jose E. Serrano		L '	T	ype								
	X	sement For: 2008 C Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: NY District: 16												
В.	Full Name (Last, First, Middle Initial)										725332	2	
٥.	Friends Of Lois Capps							of Di	isburs		nt / 🔻	V V	V
	Mailing Address PO Box 23940			1 0		<u>ַ</u>	3	Ĺ	žoŏ	7			
	City			Amou	int o	f Each	ı Disl	bursem	ent this	Period			
	Santa Barbara Purpose of Disbursement								2000.	.00			
	Contribution			0	11				-				
	Candidate Name Rep. Lois Capps				egory/								
		sement For: 2008	<u> </u>	1	ype								
		C Primary General					Contr	ibut	ion				
	President	Other (specify) ▼											
	State: CA District: 23												
C.	Full Name (Last, First, Middle Initial) Bob Brady For Congress								on ID:		724764 ot	1	
							M	M		3	/ Y	ž 0 ŏ	_ Y
	Mailing Address 2000 Market Street Suit	e 500					1 0		C) 3	L.	200	/
	City Philadelphia	State Zip Code PA 19103					Amou	int o	f Each	ı Disl	bursem	ent this	Period
	Purpose of Disbursement Contribution			0	11	1	L.	_	-			1000	.00
	Candidate Name			_	egory/	-							
	Rep. Robert A. Brady			T	ype								
		sement For: 2008 C Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: PA District: 1												
s	UBTOTAL of Disbursements This Page (optional)			_		>						4000.	00
げ	OD TO THE OF DISSURDENCE THIS Flags (Optional)				•	_	\Rightarrow	-	•	=	-		
Т	OTAL This Period (last page this line number only	<i>'</i>)											

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s	i)		-OR LIN check o	IE NUMBI	EK:			PAGE	136 /	156
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater											s
or	for commercial purposes, other than using the name	e and address of any politica	al com	nm	littee to s	Solicit con	tribui	lions tr	om si	ucn com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
Z	American Flospital Association FAC											
Α.	Full Name (Last, First, Middle Initial)									24755		
Λ.	David Davis Victory Fund					Date		isburs			v · v	V
	Mailing Address 2016 Northwood Drive					1"0		<u> </u>	3		ž o ŏ 7	7 '
	City	State Zip Code				Amo	unt c	of Each	ı Dist	ourseme	nt this F	Period
	Johnson City	TN 37601				-			-		1000.0	00
	Purpose of Disbursement Contribution			0	11		-					50
	Candidate Name		Ca	at	egory/							
	Mr. David Davis	ement For: 2008		T:	уре	_						
	X	ement For: 2008 Primary General				Cont	ribu	tion				
	President	Other (specify)										
_	State: TN District: 1											
В.	Full Name (Last, First, Middle Initial) Jobs, Opportunity & Education, PAC (JOE	: <u>-</u>						ion ID:		'24745		
									3		ž o ŏ 7	Y
	Mailing Address 84-54 Grand Avenue		1 0) 3	2	2007				
	City Elmhurst		Amo	unt c	of Each	ı Disb	ourseme	nt this F	Period			
	Purpose of Disbursement		$+$ \square					1000.	00			
	2007 Contribution			Ó	11							
	Candidate Name				egory/ ype							
	Office Sought: House Disburs	ement For:	•			2007	' Co	ntribu	tion			
	Senate President	Primary General Other (specify)				2007	00	minou				
	State: District:	_ Other (specify) \										
_	Full Name (Last, First, Middle Initial)					Tran	sact	ion ID:	: 147	24835		
C.	Patrick Murphy For Congress							isburs				
	Mailing Address P.O. Box 868					1 d	M	/ DC	3	/ Y 2	ž o ŏ 7	7 ^Y
	City Levittown	State Zip Code PA 19058				Amo	unt c	of Each	Dist	ourseme	nt this F	Period
	Purpose of Disbursement Contribution	011									1000.	00
	Candidate Name	at	egory/									
	Rep. Patrick Murphy Office Sought: X House Disburs	ement For: 2008		T	ype							
	-	Primary General				Cont	ribu	tion				
	President	Other (specify)										
_	State: PA District: 8											
s	UBTOTAL of Disbursements This Page (optional)		<u></u>		. •					3	3000.0	00
T	OTAL This Period (last page this line number only)							-			
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	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s))K LINE neck only						uL_	13//	130
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(01	21b 27	22 28a	Х	23 28b	П	24 28c	П	25 29	26 30
	y Information copied from such Reports and State												s
or	for commercial purposes, other than using the nar	e and address of any political co	omr	mit	tee to so	icit conti	ribut	ions ti	om s	sucn c	omm	ittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
\angle	American Hospital Association FAC												
^	Full Name (Last, First, Middle Initial)							-		72647	77		
Α.	ROYB - Rely on Your Beliefs Fund						_	isburs		nt	, V	· V	V
	Mailing Address 1300 Pennsylvania Ave Suite 700	iue, NW				1 [™] 0	IM	′ <u> </u>	9 9	/ L	Ž	0 ŏ 7	
	City	State Zip Code				Amou	ınt o	f Each	n Dis	burser	ment	this P	Period
	Washington Purpose of Disbursement	DC 20004									1:	500.0	00
	2007 Contribution		(01	1		-	-					
	Candidate Name		Ca	0	jory/								
	Office Sought: House Disburs	ement For: Primary General Other (specify)				2007	Coi	ntribu	tion				
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID	· 14	72651	12		
B.	Friends Of John Peterson							isburs	eme				
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C.	Friends Of Joe Pitts					Date			eme	72651 nt		· V	V
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_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 14	72648	0	
В.	Friends Of Patrick J. Kennedy Inc.							_	isburs		nt		
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	Candidate Name Mr. Jason Altmire			С		egory/ vpe															
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C.	Full Name (Last, First, Middle Initial) Friends Of Zach Wamp							Trans Date			urser	nent	8862	V * V	V						
	Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 2	200						1 0		Ĺ	1 (6 ′		ž 0 ŏ	7 '						
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Λ.	Texans For Lamar Smith							_	isburs		nt / Y	V V	Y
	Mailing Address PO Box 6155						1 0		1	1 6	Ĺ	žoŏ	7
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	President	Other (specify)											
	State: TX District: 21												
В.	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.								on ID:		726629	9	
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	Mailing Address P.O. Box 714						1 0		1	6	L.	žoŏ	7
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Α.	Full Name (Last, First, Middle Initial) Pallone For Congress							Trans Date				_	8854									
	Mailing Address PO Box 3176							1 ^M 0	М	/	16) /	Y	ž o ŏ 7	7 ^Y							
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В.	Pallone For Congress							Date		isbu	rsem	nent		ΥΥΥ	Υ							
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C.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.							Trans Date	of D	isbu	rsem	ent										
	Mailing Address PO Box 682185							1 ^M 0	М	/ [16		Y 2	ž o ŏ 7	7 ^Y							
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. SnowPAC			Transaction ID: 14726613 Date of Disbursement 10 16 2007
Mailing Address 175 South West Templ Suite 650	е		10 16 2007
City Salt Lake City	State Zip Code UT 84101		Amount of Each Disbursement this Period
Purpose of Disbursement 2007 Contribution Candidate Name		011 Category/	2000.00
	sement For: Primary General Other (specify)	Type	2007 Contribution
Full Name (Last, First, Middle Initial) 3. LA PAC			Transaction ID: 14726612 Date of Disbursement
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Candidate Name Mr. Philip Hare		Category/ Type	
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American Hospital Association PAC											
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A. McNerney For Congress				Date of Disbursement							
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Candidate Name Rep. Jerry McNerney Category/ Type											
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State: CA District: 11 Full Name (Last, First, Middle Initial)						4.4700	700			—	
3. Alexander For Senate 2008 Inc					ction ID	-	9760				
Mailing Address 228 S Washington Street Suite 115				1 0 M	/ D	9 /	Ý Ž	0 0 7	Υ		
City	State Zip Code			Amoun	t of Each	Disbur	semen	t this P	erioo		
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Hal Rogers For Congress				Transaction ID: 14729259 Date of Disbursement							
Mailing Address P.O. Box 1214 East Mt Vernon St				1 0 M]	22 /	Ż	0 0 7	1		
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American Hospital Association PAC											
Full Name (Last, First, Middle Initial)							14729	372			
Friends For Jim McDermott				Date	of Di	sburse		Y Y	· · · · ·	Y	
Mailing Address PO Box 21786				1 0		2	2 /	2	0 0 7		
City Seattle	State Zip Code WA 98111			Amo	unt of	f Each	Disburs	emen	t this P	eriod	
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Bill Nelson For U S Senate				Date		sburse				_	
Mailing Address 500 Red Sail Way				1 ^M 0	М	^D 2	2 /	ž	0 ŏ 7	Y	
City Satelite Beach	State Zip Code FL 32937			Amo	unt of	f Each	Disburs	emen	t this P	eriod	
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$ \rangle$	American Hospital Association PAC													
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Α.	Ron Lewis For Congress							_	isburs		ent	· · · ·	V	
	Mailing Address PO Box 307						1 0	IVI		2 2	' '	žoč	7	
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В.	Ron Lewis For Congress							_	isburs		ent			
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٠.	Tom Davis For Congress							of D	isburs		ent L	· · · ·	· · V	
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NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) A. Kind For Congress Committee			Transaction ID: 14729394 Date of Disbursement				
Mailing Address 205 South 5th Ave Suite 428			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$				
City La Crosse	State Zip Code WI 54601		Amount of Each Disbursement this Period				
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Candidate Name Rep. Ron Kind		Category/ Type					
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State: WI District: 3 Full Name (Last, First, Middle Initial)			Transaction ID: 14729039				
GHC-BOLD PAC:Building our Leadership	Diversity PAC		Date of Disbursement				
Mailing Address Post Office Box 310			1 0 M / D 2 D / Y 2 0 0 7 Y				
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period				
Purpose of Disbursement 2007 Contribution Candidate Name		011 Category/	1000.00				
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Mike Rogers For Congress			Date of Disbursement 10 22 7 2007				
Mailing Address 123 East 13th Street							
City Anniston	State Zip Code AL 36201		Amount of Each Disbursement this Period				
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В.	Democratic Freshmen PAC						Date		isburs	eme			Y	Υ
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C.	Adam Smith For Congress Committee								isburs			34		
	Mailing Address PO Box 23626						1 ^M 0	М	/ D2	25	/ Y	ž	o ŏ 7	7 ^Y
	City Federal Way	State Zip Code WA 98093					Amou	int o	f Each	n Dis	burse	men	t this f	Period
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee			Transaction ID: 14729416 Date of Disbursement 10 25 7 2007
Mailing Address P.O. Box 8331			2007
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 ategory/	2500.00
	sement For: 2008 K Primary General Other (specify)	Туре	Contribution
Full Name (Last, First, Middle Initial) Sue Myrick For Congress			Transaction ID: 14729402 Date of Disbursement
Mailing Address P.O. Box 37091			1 0 7 2 5 7 2 0 0 7
City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Period
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Rep. Sue Wilkins Myrick		Туре	
X	sement For: 2008 C Primary General Other (specify)		Contribution
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В.	Full Name (Last, First, Middle Initial) Chambliss For Senate								ion ID isburs		729422 st	!	
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	Mailing Address Post Office Box 12469						1 0		2	2 5		200	/
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	Candidate Name Sen. Saxby Chambliss				egory/ ype								
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C.	Jobs, Opportunity & Education, PAC (JO	E-							טו on isburs		729396 nt	•	
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$ \rangle$	American Hospital Association PAC															
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В.	Simpson For Congress							Date		isbu		nent	_	ΥΥΫ́	Y	
	Mailing Address 1487 Parkway Drive							1 0		Ĺ	2 9		2	2 0 ŏ	7	
	City Blackfoot	State ID	Zip Code 83221					Amou	unt c	f Ea	ch D	isbur		nt this		k
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C.	Full Name (Last, First, Middle Initial) Reyes Committee, Inc., The							Trans Date	of D	isbu	ırsem	nent				
	Mailing Address 1011 Montana Ave.							1 ^M 0	М		2 9		Y	ž o ŏ 7	7 ^Y	
	City El Paso	State TX	Zip Code 79901					Amou	unt c	of Ea	ch D	isbur		nt this I		t
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	Candidate Name Sen. Mary L. Landrieu				gory/ pe									
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C.	Full Name (Last, First, Middle Initial) Berkley For Congress						Trans Date					533		
	Mailing Address 3069 Conquista Court						1 ^M 0	М	/ D	29	/	Y Ž	0 ŏ 7	7 ^Y
	City Las Vegas	State Zip Code NV 89121					Amou	ınt o	f Eacl	n Dis	sburse	emen	t this f	Period
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B.	LoBiondo For Congress							Date 1 0	of D		rsem) /	Y	ž o ŏ 7	7 ^Y	
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C.	Diana Degette For Congress Inc.							Trans Date		isbu	ırsem	nent		Y	Y	
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SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	R LINE NUMBER: PAGE 156 / 156 eck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
Any Information copied from such Reports and Sta		
or for commercial purposes, other than using the n	me and address of any political committe	e to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) A. Michaud For Congress		Transaction ID: 14729521
A. Michaud For Congress		Date of Disbursement
Mailing Address 213 Lisbon Street		1 0 M / D 2 9 / Y 2 0 0 7 Y
City	State Zip Code	Amount of Each Disbursement this Period
Lewiston Purpose of Disbursement	ME 04240	1000.00
Contribution	011	
Candidate Name Rep. Michael H. Michaud	Categor Type	ry/
Office Sought: X House Senate President State: ME District: 2	x Primary General Other (specify) ▼	Contribution
Full Name (Last, First, Middle Initial)		Transaction ID: 14700450
B. BRIDGE PAC		Transaction ID: 14729459 Date of Disbursement
Mailing Address 499 South Capitol St. Suite 114	SW	10 29 7 20077
City	State Zip Code	Amount of Each Disbursement this Period
Washington	DC 20003	2500.00
Purpose of Disbursement 2007 Contribution	011	2300.00
Candidate Name	Catego Type	ry/
Senate President	rsement For: Primary General Other (specify) ▼	2007 Contribution
State: District:		
Full Name (Last, First, Middle Initial) C. Paul Hodes For Congress		Transaction ID: 14729509 Date of Disbursement
Mailing Address 26 South Main Street,	#253	10
City Concord	State Zip Code NH 03301	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	1000.00
Candidate Name Rep. Paul W. Hodes	Categor Type	ry/
Office Sought: X House Disbution Senate President	rsement For: 2008 X Primary General Other (specify)	Contribution
State: NH District: 2		
SUBTOTAL of Disbursements This Page (option	ı)	4500.00
TOTAL This Period (last page this line number o	ly)	98000.00